

Medicine from my doctor					My Diabetes Record Keep track of your results each time you visit Patient name: In case of emergency, call: Relationship: Phone: Allergies: Blood Type:
Name of medicine	Dose	How often	Why taken	Doctor's name	
1					
2					
3					
4					
5					
6					
7					
8					

Date of visit					Patient Goals and Comments
Record at each visit:					
Blood pressure					
Blood sugar					
Foot check					
Self-care goal					
At least twice a year:					
A1c					
Dental					
At least once a year					
Complete foot exam					
Cholesterol test					
Eye exam (dilated every 1 - 2 years)					
Depression Screening					
Flu shot					
Pneumonia shot (after diagnosis)					
Kidney test					
Currently smoking or tobacco use?					