## **My Diabetes Care Record**

Record your targets and the date, time, and results of your tests. Take this card with you on your health care visits. Show it to your health care team to remind them of tests you need.

A1C — At leas	st twice each y	ear Goal for	many: below	7 My Tai	rget:		
Date							
Result							
Blood Pressure (BP) — Each visit Goal for most: below 130/80 My Target:							
Date							
Result							
Cholesterol (LDL) — Once each year Usual goal: below 100 My Target:							
Date							
Result							
Cholesterol (HDL) — Once each year Usual goal: above 40 My Target:							
Date							
Result							
Triglycerides — Once each year Usual goal: below 150 My Target:							
Date							
Result							
Weight — Each visit My Target:							
Date							

TEAR HER

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## EAR HERE

## **My Diabetes Care Record**

	Date	Result		
Each visit				
Foot check				
Review self-care plan				
Weight check				
Once a year				
Dental exam				
Dilated eye exam				
Complete foot exam				
Flu shot				
Kidney check				
At least once				
Pneumonia shot				
Hepatitis B shot				

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