

Carry a list of your medications and take medication bottles to all Health Care Provider appointments

My Diabetes Health Care Team Information

Name

Phone

Doctor _____

Diabetes Educator _____

Pharmacist _____

Eye Doctor _____

Foot Doctor _____

Dentist _____

Call **1-800-DIABETES (342-2383)** for diabetes information
Go to **www.Kentuckydiabetes.net** for online information

I Have Diabetes

I may be having a low sugar reaction to insulin or a diabetes pill.

If I cannot be awakened or cannot swallow, do not try to give me anything to drink. **Call 911.**

If I'm awake but acting strangely, give me some regular soft drink, juice, hard candy, or some sugar. If I do not get better within 15 minutes, **call 911** or get me to a hospital.



KENTUCKY DIABETES NETWORK, INC.



MY PERSONAL DIABETES HEALTH CARD

Name _____

Address _____

Phone # _____

In Case of Emergency, contact

(Confirm Accuracy with Patient's Medical Records)

MY PERSONAL DIABETES HEALTH CARD

Take this card to ALL Health Care Provider appointments.

Write results of test or place a mark (X) to indicate completed.

* HCP: HEALTH CARE PROVIDER

STANDARDS OF CARE	HOW OFTEN	GOAL	DATE OF VISIT/RESULT
A1c	2-4x/yr	Set this w/HCP <7	
Blood Pressure	Each Visit	< 130-140/80 mmHg	
Cholesterol	1x/yr	< 200 mg/dl	
Stop Smoking Discussion	Each Visit	1-800 QUIT NOW 1-800-784-8669	
Weight	Each Visit	Discuss w/HCP*	
Foot Inspection	Each Visit	Discuss w/HCP	
Comp. Foot Exam	1x/yr	Discuss w/HCP	
LDL (bad)	1x/yr	< 100 mg/dl	
HDL (good)	1x/yr	> 50 mg/dl	
Triglycerides	1x/yr	< 150 mg/dl	
Microalbumin	1x/yr	Discuss w/HCP	
Serum Creatinine	1x/yr	Discuss w/HCP	
Eye Exam (Dilated)	1x/yr		
Flu Shot	1x/yr		
Dental & Oral Exam	Every 6 Months		
Diabetes Self-Man. Education	Initial & As Needed		
Meet w/Dietitian	Initial & As Needed		
Pre-Pregnancy & Family Planning	As Needed		
Pneumonia Shot	Initial		
Hep B Series	Initial	1 Month	6 Months
Your Self-Management Goals			
Date of Next Visit			
Blood sugar targets: Fasting and pre meal: _____ Two hours after a meal: _____ Bedtime: _____			