




My Diabetes Care Plan

Name: _____

Medical Record Number: _____

This chart can help you keep track of the results of your important medical tests. Record the date and result of each test and/or service on the chart below.

Sharing this chart with your health care team during each visit can be helpful. Use the information to talk about your results or ask questions about the tests.

Recommended care and testing	My Goal	Date & Result	Date & Result	Date & Result
A1C (%) : 3-month average blood sugar; does not require fasting.	Below 7% for most people*			
 Blood pressure check : High blood pressure increases your risk for heart attack, stroke, kidney, and eye damage.	Below 140/90			
Statin medication : Taking the right dose of statin medication can help reduce your risk of heart attack and stroke.	_____ mg of _____, taken _____ times a day.			

* If you are older than 65, or have additional health conditions, your goal may be an A1C below 8 percent.

Record when your last procedure or test was done:

Diabetes eye exam / retinal screening every 1 to 2 years: Date _____

- Patients without retinopathy should get a retinal screening every 1 to 2 years.
- Patients with retinopathy should get a retinal screening every year.

Urine microalbumin or kidney function test (every year): Date _____

Thyroid function (every year): Date _____

Foot exam (every year): Date _____

Dental exam (every 6 to 12 months.): Date _____ Date _____



My Diabetes Care Plan

Managing Your Diabetes

There are many things you can do to feel well and stay healthy. Every once in a while, it may be helpful to take some time to think about what your diabetes management plans and goals are.

To start, you might ask yourself:

How am I doing managing my diabetes? Check the box that applies to you.

- Great! I'm totally on track. My diabetes is well controlled.
- Pretty good. Most days I do well managing my diabetes.
- Not so good. It's a challenge to manage my diabetes every day.
- Other: _____

Next, think about how you are doing with the following diabetes management skills. Check the boxes that apply to you.

I am doing well with:

- Being physically active
- Eating healthy
- Checking my blood sugar
- Reducing my stress
- Taking my medications as prescribed
- Having routine blood tests
- Other: _____

I could improve on:

- Being physically active
- Eating healthy
- Checking my blood sugar
- Reducing my stress
- Taking my medications as prescribed
- Having routine blood tests
- Other: _____

Once you have an idea of the diabetes self-management skills you want to improve, it can help to create a personal goal or action steps to focus on that problem. Ask yourself:

What is the one skill from the list above that I would like to work on to better manage my diabetes? _____

Finally, list the action steps you will take to reach your goal:

1. _____
2. _____
3. _____

This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other health care professional. If you have persistent health problems, or if you have additional questions, please consult your doctor. Some conditions, including diabetes, can be seriously affected by violence or abuse. If you are hit, hurt, or threatened by a partner or spouse, this can seriously affect your health. There is help. Call the National Domestic Violence Hotline at 1-800-799-7233 or connect to ndvh.org. Some photos may include models and not actual patients.