

Diabetes Health Log



Keep track of your information with this health log. Be sure to bring it with you when you visit your doctor.

Doctor _____ Phone _____
 Hospital _____ Phone _____
 Pharmacy _____ Phone _____
 Emergency contact _____ Phone _____

Doctor exam	Standard goal	My goal	Date/ My number	Date/ My number
Blood pressure (<i>every visit</i>)				
LDL cholesterol (<i>yearly</i>)				
HDL cholesterol (<i>yearly</i>)				
Total cholesterol (<i>yearly</i>)				
A1C blood test (<i>2–4 times per year</i>)	Between 6–8% (as determined by your doctor)			
Persistent Albuminuria (<i>spot urine test, yearly</i>)	Negative (less than 30 mg albumin per gram of creatinine)			
Current weight (<i>every visit</i>)				
Dilated eye exam (<i>yearly</i>)				
Complete foot exam (<i>yearly</i>)				
Blood sugar self-testing (<i>ask your doctor</i>)				

Diabetes Health Log *continued*

Vaccination	Date		
Influenza/flu (<i>yearly</i>)			
Pneumonia (<i>ask your doctor</i>)			
Hepatitis B (<i>if previously unvaccinated, for ages 19–59; if older, ask doctor</i>)			
Medicine	Name	Dosage	Frequency
Statin* (cholesterol)			
ACE Inhibitor or ARB* (blood pressure/heart/kidney)			
Anti-Platelet* (aspirin or other blood thinner)			
Diabetes medicine*			
Other medicine			
Other medicine			
Other medicine			
Other medicine			

*Ask your doctor if this type of medicine is right for you.

Next office visits	Date:	Date:	Date:
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