



Your Health Care Partnership

Your Responsibility	Your Health Care Team's Responsibility
<p>Bring all your medicines to each doctor visit. Keep them in their own containers. Include herbs and over-the-counter drugs.</p>	<p>Look at the patient's blood glucose record and make recommendations about diabetes control.</p>
<p>Fill out regularly and bring your blood glucose records to each doctor visit. Write down results of all blood glucose tests with dates and times (before or after meals).</p>	<p>Compare the patient's diabetes health now with past health.</p>
<p>Bring your blood glucose monitor to each doctor visit to demonstrate technique and check accuracy.</p>	<p>Do regular physical exams and tests. Test blood and urine, A1C and blood fats (cholesterol and triglycerides). Check eyes, feet, weight, blood pressure, heart, pulses, internal organs, and skin at injection sites.</p>
<p>If asked by your medical team, keep a record of your food intake, weight and/or blood pressure.</p>	<p>Check (at least yearly) the patient's blood glucose testing techniques and the accuracy of the blood glucose meter.</p>
<p>For each visit, make a list of questions to ask the doctor.</p>	<p>Update patient's education and treatment as needed.</p>
<p>Get an annual flu shot.</p>	
<p>See your doctor every 3 to 6 months.</p>	



Each Visit

Discuss These Major Points With Your Health Care Provider
(Record the dates in the boxes below)

Major Points	Dates of Discussion							
Meal plan								
Activity								
Self-blood glucose testing								
High and low blood glucose problems								
Medicines								
Birth control and family planning								
Smoking Habits								
Feelings About Diabetes								



Tests To Expect at Each Visit

Have Your Health Care Provider Do These Tests

(Record the dates and results in the boxes below)

Tests	Results							
Dates								
Blood sugar test	___mg/dL	___mg/dL	___mg/dL	___mg/dL	___mg/dL	___mg/dL	___mg/dL	___mg/dL
A1C	____%	____%	____%	____%	____%	____%	____%	____%
Weight	___lb	___lb	___lb	___lb	___lb	___lb	___lb	___lb
Blood pressure test	$\frac{\quad}{\quad}$ mm Hg	$\frac{\quad}{\quad}$ mm Hg	$\frac{\quad}{\quad}$ mm Hg	$\frac{\quad}{\quad}$ mm Hg	$\frac{\quad}{\quad}$ mm Hg	$\frac{\quad}{\quad}$ mm Hg	$\frac{\quad}{\quad}$ mm Hg	$\frac{\quad}{\quad}$ mm Hg
Foot check								



Discuss at Least Once a Year

Discuss These Major Points With Your Health Care Provider
(Record the dates in the boxes below)

Major Points	Dates of Discussion							
High blood sugars (knowing and treating)								
Low blood sugars (knowing and treating)								
Foot care								
Dental care								
Diabetes and pregnancy								



At Least Once a Year

Have Your Health Care Provider Do These Tests or Give the Immunization
(Record the dates and results in the boxes below)

Tests	Dates and Results							
Kidney tests								
Creatinine	___mg/dL	___mg/dL	___mg/dL	___mg/dL	___mg/dL	___mg/dL	___mg/dL	___mg/dL
Protein or albumin	___mg	___mg	___mg	___mg	___mg	___mg	___mg	___mg
Blood flow tests								
Cholesterol	___mg/dL	___mg/dL	___mg/dL	___mg/dL	___mg/dL	___mg/dL	___mg/dL	___mg/dL
Triglycerides	___mg/dL	___mg/dL	___mg/dL	___mg/dL	___mg/dL	___mg/dL	___mg/dL	___mg/dL
EKG								
Foot exam (blood flow and nerves)								
Eye exam								
Flu shot								