










My Diabetes Care Record

Name: _____

Date of Birth _____

Diabetes Care	Date/Results	Date/Results	Date/Results	Date/Results
Each visit				
 Complete foot check	/	/	/	/
 Blood pressure (BP) * GOAL: less than 130/80	/	/	/	/
 Weight check MY GOAL: _____	/	/	/	/
Once each year				
 Dilated eye exam	/			
 LDL cholesterol GOAL: less than 100	/			
 Kidney check	/			
 Flu vaccine	/			
Twice each year				
 A1c GOAL: less than 7%	/		/	
At least once				
 Pneumonia vaccine	/			

- If you have congestive heart failure, talk to your doctor about your blood pressure goal.