

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 (every visit)				
LDL Cholesterol (yearly)				
HDL Cholesterol (yearly)				
Total Cholesterol (yearly)				
A1C Blood Test (2–4 times per year)	Between 6–8% (as determined by your doctor)			
Persistent Albuminuria (spot urine test, yearly)	Negative (less than 30mg/g)			
Current Weight (every visit)				
Dilated Eye Exam (yearly)				
Complete Foot Exam (yearly)				
Blood Sugar Self-Testing (ask your doctor)				

Diabetes Health Log continued

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