- If you're on insulin or taking diabetes oral medications, review your blood glucose with your doctor at every visit.
- To improve cholesterol:
  - Reduce saturated fat, trans fat and cholesterol in your diet;
  - Lose weight (if needed)
  - Get 30 minutes of physical activity in your life every day.

My Diabetes Medications

Name _____

Address _____

_____

Telephone _____

Health Care Provider _____

_____

Provider Telephone _____

Diabetes information on the Web

American Diabetes Association
www.diabetes.org

National Diabetes Education Program
www.ndep.nih.gov

Be sure to consult with your health care provider for recommendations and advice about your diabetes management, tests and exams.

Idaho Diabetes Prevention and Control Program
450 W. State St., 6th Floor
P.O. Box 83720, Boise, ID 83720-0036

Phone: (208) 334-4928
Fax: (208) 334-6573

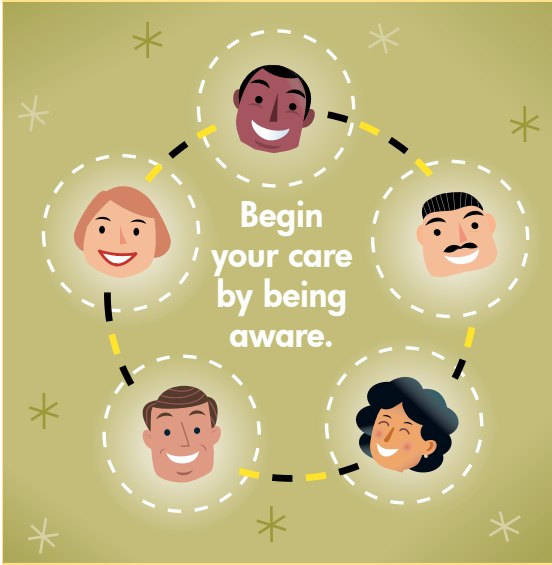
Prevent and Control Diabetes for Life
Idaho Diabetes Prevention and Control Program

IDAHO DEPARTMENT OF HEALTH & WELFARE

This publication was supported by Grant No. 5U58DP001964-03 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC. Costs are available from the Idaho Department of Health and Welfare, IDHW/3000-12443-01/10.

DIABETES ALLIANCE of IDAHO

Your Guide to Diabetes Care



Guidelines from the American Diabetes Association Clinical Practice Recommendations – 2012.

Your Diabetes Health Record

Keep this card with you so that you can track your ABCs and other exams when you visit your healthcare provider.

A = A1C (The A1C number shows your average blood glucose control over the last 3 months.), **B** = Blood Pressure, **C** = Cholesterol

Exams and Tests	How Often	Result and Date of Doctor Visit				
A1C General goal: <7%	Test 4 times/ year; 2 times/ year if in good control					
Blood Pressure <130/80	At every visit					
Cholesterol **LDL** <100 **HDL men:** >40; **women:** >50 **Triglycerides** <150	At least once a year					
Compare Blood Glucose Meter with Lab	At least once a year					
Foot Exam	By doctor – at least once a year; Daily self-exam					
Dilated Eye Exam	Once a year; more often if retinopathy is progressing					
Weight If needed, lose 10-20# or 5-10% of body weight						
Kidney Test/ Microalbumin <30 μg/mg creatinine	Once a year					
Dental Exam	At least once a year for a complete dental exam					
Flu Shot	Once a year					
Pneumonia Shot	Ask your doctor					