

Medication	Dosage	Time

**Name:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**I HAVE DIABETES. If I am acting strangely or cannot be awakened, my blood sugar may be low.**

- If I cannot be awakened or cannot swallow, do not try to give me anything by mouth. Please contact: **Emergency Medical Services (911) immediately.**
- If I can swallow, give me 4 to 6 ounces of fruit juice, sweetened soft drink, or other sugar source. If I am not better within 10-15 minutes, contact: **Emergency Medical Services (911) immediately.**

Doctor: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Nurse Educator: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Dietitian: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Pharmacist: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Eye Doctor: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Foot Doctor: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

**Help others help you by wearing medical identification.  
For information, call MedicAlert @ 1-800-763-3429.**

# Diabetes Care Card



**Bring this card to each visit with your doctor or diabetes educator. Discuss these issues during your visit and use the chart below to record your results so that you can take charge of your diabetes.**

Test/Service (Frequency)	Target My Goal	Date	Date	Date	Date
A1C (every 3-6 mo.)	< 7 %				
Review Blood Sugar Records (every visit)					
Blood Pressure (every visit)	< 130/80 mmHg				
Weight (every visit)					
Foot Exam (every visit)					
Lipid Profile (yearly*) LDL	< 100 mg/dl				
HDL	> 40 mg/dl				
Triglycerides	< 150 mg/dl				
Total Cholesterol	< 200 mg/dl				
Microalbuminuria (yearly)					
Dilated Eye Exam (yearly)					
Dental Exam (every 6 mo.)					
Flu Shot (yearly)					
Pneumonia Vaccine (generally once)					
Self-Management Training (initial/ongoing)					

\* Every 2 years if values fall in lower risk levels

**Key to symbols**

< less than

> greater than