

Name: _____

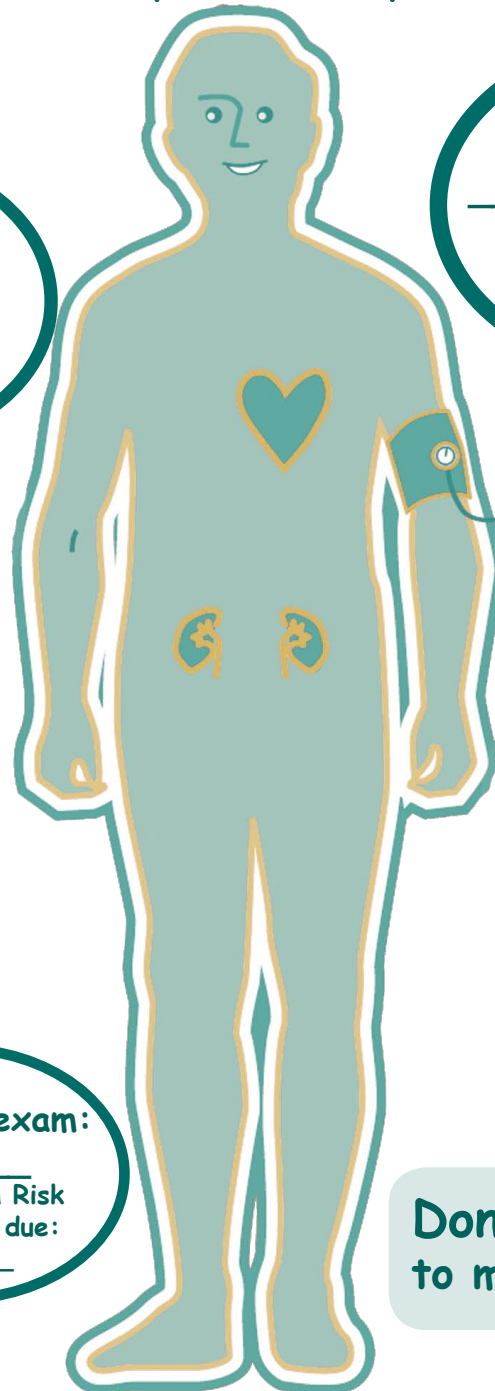
Doctor/Diabetes Educator: _____

Date: _____

Diabetes Check-Up

How are you doing?

With close medical management and regular testing, we can prevent complications of diabetes.



Exercising
___ days
each week.

Last dilated
eye exam:
___/___
Next exam due:
___/___

Last LDL
cholesterol:
___ mg/dl on ___/___
Desired: ___ mg/dl
Next test due:
___/___

Last blood
pressure:
___/___ on ___/___
Desired: ___/___

Last A1C test:
___ % on ___/___
Desired result: ___ %
Schedule test for:
___/___

Prescribed medicine:

Dose: _____

Eating ___
carbohydrates
per meal/day

Last urinalysis for
protein test:
___/___
Desired result: _____
Next test due: ___/___

Last foot exam:
___/___
Low or High Risk
Next exam due:
___/___

**Don't forget
to make your appointment(s).**

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