

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: () _____

Diabetes 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 MedAlert 1-800-763-3429.**

Diabetes Care Card

DIABETES
PREVENTION
AND CONTROL
PROGRAM



Working together for
prevention and control

Massachusetts Department of Public Health

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	Date	Date	Date	Date
	My Goal				
A1C (every 3-6 months)	< 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	Men: > 40 mg/dl Women: > 50 mg/dl				
Triglycerides	< 150 mg/dl				
Total Cholesterol	< 200 mg/dl				
Microalbuminuria (yearly)					
Dilated Eye Exam (yearly)					
Dental Exam (2x/year)					
Flu Shot (yearly)					
Pneumonia Vaccine (generally once)					
Self-Management Education (initial/ongoing)					

* Every 2 years if values fall in lower risk levels

Key to symbols

< less than

> greater than