

# 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 ( <i>every visit</i> )	Less than 130/80			
Total cholesterol ( <i>yearly</i> )	Less than 200			
LDL (bad) cholesterol ( <i>yearly</i> )	Less than 100			
HDL (good) cholesterol ( <i>yearly</i> )	More than 40 for men More than 50 for women			
Triglycerides ( <i>yearly</i> )	Less than 150			
A1C Blood Test ( <i>2-4 times per year</i> )	Less than 7.0			
Microalbuminuria ( <i>spot urine test, yearly</i> )	Negative (less than 30mg/g)			
Current weight ( <i>every visit</i> )				
Dilated Eye Exam ( <i>yearly</i> )				
Complete Foot Exam ( <i>yearly</i> )				
Blood Sugar Self-Testing ( <i>every visit</i> )				

# Diabetes Health Log *continued*

Vaccination	Date		
Influenza (flu) <i>(yearly)</i>			
Pneumonia <i>(ask your doctor)</i>			
Medicine	Name	Dosage	Frequency
Statin* (cholesterol)			
Beta-blocker* (blood pressure/heart)			
ACE Inhibitor or ARB* (blood pressure/heart)			
Anti-Platelet* (aspirin or other blood thinner)			
Other medicine			
Other medicine			
Other medicine			
Other medicine			
Other medicine			

\*Ask your doctor if this type of medicine is right for you.

Next office visit	Date:	Date:	Date:
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