Personal Information

Please complete this information card to keep important information handy.
Name: _____
Address: _____
City: _____ Prov: _____ Postal Code: _____
Phone: _____

Personal Diabetes Care Record

Ask Your Diebetes Educator To Help You Establish Your Personnel Goals*

Test	When	Goal*
Fasting/Pre Meal Blood Glucose	As directed	Target mmol/L Normal mmol/L- if can be achieved safely
2 Hour Post Meal Blood Glucose	As directed	Target mmol/L Normal mmol/L- if can be achieved safely
Glycosylated Hemoglobin (AIC)	Every 3 months	Target "Normal - if can be achieved safely
Meter Check	Yearly and as needed	<20% difference between meter and lab
Blood Pressure	Quarterly/as indicated	<130/80
Weight	Quarterly/as indicated	Individual
BMI (Wt in Kg/Ht in Meters2)	Quarterly/as indicated	18.5 - 24.9
Waist Circumference	Quarterly/as indicated	Cut off points: cm ( ) for men cm ( ) for women
Total Cholesterol/HDL-C	At diagnosis, then then, every 1-3 years	<4.0
LDL-C		<2.5
Triglycerides		<1.5
Foot Care	At diagnosis, then yearly	Lower legs/feet and sensation assessed
Kidneys Albumin- Creatinine Ratio	Yearly	<2.0 mg/mmol - men <2.8 mg/mmol - women
Serum creatinine		
Creatinine clearance		>90 ml/min
Dilated Eye Exam	At diagnosis, then every 1 - 2 yrs or as indicated	No retinopathy
Dental Exam	Yearly	
Flu vaccine	Yearly	
Pneumcoccal Vaccine	Lifetime	

In Case Of Emergency

Please Contact

Name: _____
Address: _____
City: _____ Prov: _____ Postal Code: _____
Phone: (day) _____ (evening) _____
Medical Plan: _____

Date	Date	Date	Date	Date	Date	Date
Result	Result	Result	Result	Result	Result	Result