

## DIABETES REPORT CARD





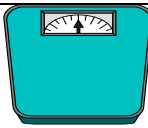





Name:

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MEASURE	DATE	DATE	DATE	DATE	DATE	DATE
Weight/BMI BMI Goal: 18.5 – 24.9						
Blood Pressure Goal: <130/90						
HbA1c Goal: Less than 7.0						
Total Cholesterol Goal: Less than 200						
HDL Cholesterol – Good Cholesterol Goal: Men Greater than 45 Women Greater than 40						
LDL Cholesterol – Bad Cholesterol Goal: Less than 100						

Comments:

## DIABETES SELF MANAGEMENT GOALS

	Goal	New	Met	Ongoing	Barriers/Confidence Level Comments
	I will keep my appointments and work hard to keep my HbA1c less than 7.0  HbA1c:				
	I will exercise _____ minutes _____ days per week				
	I will check my feet daily. If I see a sore or irritation I will see my provider. I will see the podiatrist once a year				
	I will follow my diet. I will: Attend ABC Diabetes Classes Use Diet Tools to Calculate Carbs <a href="http://www.fitday.com">www.fitday.com</a>				ABC Classes: 877-533-4222
	I will work toward achieving my ideal weight. I will work toward losing ____ lbs. by my next visit Wt:                    BMI:				
	I will take my medications daily as prescribed including a baby aspirin (81mg) daily				
	I will stop smoking. 1-800-QUITNOW <a href="http://www.smokefree.gov">http://www.smokefree.gov</a>				
	I will see the Eye Specialist yearly or as directed.  Last Eye Exam:				
	I will check my blood sugar as directed AM Average: PM Average:				
	I will see the dentist yearly or as directed  Last Dental Visit:				

Signature: \_\_\_\_\_

Date: \_\_\_\_\_