TO DO LIST

Appointments to Make

☐ Lab
☐ Diabetes educator
☐ Dietitian
☐ Eye doctor
☐ Dentist
☐ Foot doctor

Blood sugar self-testing plan

Healthy eating plan

Exercise plan

Medication schedule

Foot/skin plan

Tips for Getting the Most Out of Every Health Care Visit
BEFORE YOUR DOCTOR VISIT

What to do before your visit

- Write blood sugar test results in logbook every day
- Make a list of medications, vitamins, minerals, herbal supplements, and other remedies you take. List when, why, and how much you take.

Keep a list of your questions. Some questions to discuss

- How can I tell when my blood sugar is high?
- What can I do when my blood sugar is low?
- How can I deal with feeling depressed?
- How do I manage an infection? High fever?
- How can I get to and maintain a reasonable weight?
- Other ______________________________

Symptoms to report to your doctor

- Blurred vision
- Fatigue, lack of energy
- Extreme thirst, hunger
- Unexplained weight gain or loss
- Numbness, pain, or tingling in hands or feet
- Slow-healing sore or cut
- Frequent infections
- Depression
- Other ______________________________

What to bring with you

- Your blood sugar meter, log book, and questions
- Your list of medications, vitamins, and other remedies

DURING YOUR DOCTOR VISIT

Each Visit

- Weight
- Blood pressure
- Foot inspection
- Review self-monitoring logbook and medicines
- Discuss lifestyle, work, or emotional changes
- Ask questions you have about your diabetes care

At least twice a year

- A1c blood test

At least once a year

- Complete foot exam
- Eye exam
- Flu shot
- Dental exam by dentist
- Lipids – HDL, LDL, triglycerides
- Blood test for kidney (creatinine)

Results of exam

Date _____________________________
Weight __________ Goal _____________
Blood Pressure ________ Goal __________
A1c __________________ Goal __________
HDL cholesterol __________ Goal __________
LDL cholesterol __________ Goal __________
Triglycerides __________ Goal __________
Microalbuminuria __________ Normal range __________
Creatinine __________ Normal range __________
Foot exam result _______________________
Eye check result _______________________

DURING YOUR DOCTOR VISIT