

 American Diabetes Association.

My Visit Planner



Take this
booklet to
every office
visit!

www.diabetes.org

My Visit Planner

Take this booklet to every visit with your doctor or educator.

My Name: _____

My Diabetes Care Team:

Name	Phone Number
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Name	Phone Number
------	--------------

Name	Phone Number
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Name	Phone Number
------	--------------

My Pharmacy:

Name	Fax Number	Phone Number
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Use this Visit Planner to keep track of your medicines, labs, tests,
and to write down your questions or concerns.

Ask Questions!

The most important member of your diabetes care team is you! You know yourself best and you live with your diabetes every day.

Many people have questions or concerns about their diabetes care that they may feel scared or embarrassed to ask.

In order to take good care of yourself, you need to understand your diabetes. Your doctor and other members of your diabetes care team are there to answer your questions so always remember to ask!

- **Ask** questions
- **Ask** for more information
- **Ask** your doctor to explain anything you do not understand



Healthy Reminders:

- Get a flu shot every year.
- Get a pneumonia shot at least once.
- Write down questions and take them to your next office visit.

My Medicines

**List every prescription medicine and any over-the-counter drugs you take.
Include herbal or vitamin supplements.**

Name of Medicine	Dose	Number of Times/Day

Name of Medicine	Dose	Number of Times/Day

My Numbers

Measurement		Visit Date	Visit Date	Visit Date	Visit Date	Your Goal	ADA Recommended Goal
A1C / eAG							<7% / <154 mg/dl
Blood pressure							<130/80 mmHg
Lipids	Total cholesterol						
	Triglycerides						<150 mg/dl
	HDL						>40 mg/dl
	LDL						<100 mg/dl
Weight							
Body Mass Index (BMI)							18.5–24.9
Urine albumin (protein)							<30 μg/mg creatinine

Definitions:

- **A1C:** Tells you what your average blood glucose level has been over the past three months. A1C can also be reported as Estimated Average Glucose, eAG.
- **BP:** Blood Pressure: the force of blood flow inside blood vessels. Blood pressure should be measured at each office visit.
- **Lipids:** Measures the amount of fat in your blood. There are three kinds. Check yearly.
 - **HDL:** High density lipoprotein, or “good” cholesterol.
 - **LDL:** Low density lipoprotein, or “bad” cholesterol.
 - **Triglycerides:** Another “bad” fat that can build up in blood and block arteries.
- **Weight and BMI:** Your weight should be measured at each office visit. BMI – Body Mass Index – is an estimate of body fat based on your weight and height.
- **Urine Albumin:** Measures how well your kidneys are working.



Healthy Tips:

- Losing a small amount of weight, even 10–15 pounds, can lower your blood glucose levels.
- A BMI of 18.5–24.9 is considered healthy.
- Stop smoking! It's the best thing you can do for your health.

My Exam Records

Exam	Date of Last Exam	Next Exam Should Be In	Date / Time of Next Appointment
Eye Exam		3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 1 Year <input type="checkbox"/> Other <input type="checkbox"/>	
Foot Exam		3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 1 Year <input type="checkbox"/> Other <input type="checkbox"/>	
Dental Exam		3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 1 Year <input type="checkbox"/> Other <input type="checkbox"/>	
Other:		3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 1 Year <input type="checkbox"/> Other <input type="checkbox"/>	

Together We Can Stop Diabetes®

The American Diabetes Association is leading the movement to Stop Diabetes® but we can't do it alone. We need your help to stop the stress, the anxiety, the frustration and the heartache this disease can cause.

- **Share** your story with us. Tell us how diabetes affects your life and learn how others live with diabetes.
- **Act** Manage your blood glucose levels, eat healthy foods and be physically active.
- **Learn** about the tools and resources available to help you live well with diabetes.
- **Give** your time and efforts to the American Diabetes Association. Become a volunteer!

By sharing, acting, learning and giving, you can make a difference.

Visit: stopdiabetes.com



**This booklet contains
my health records**

from _____/_____
month/year

to _____/_____
month/year



**1-800-DIABETES
(1-800-342-2383)**

www.diabetes.org

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