

Things To Do Daily

Doing these things daily will help you manage your diabetes.

<input type="checkbox"/>	Check my blood glucose daily as instructed (at least twice each day)..
<input type="checkbox"/>	I will work to keep my HbA1C below 6.5.
<input type="checkbox"/>	I will exercise (walk) 30 minutes ____ times per week.
<input type="checkbox"/>	I will check my feet daily for sores and call my doctor if I find any.
<input type="checkbox"/>	I will eat healthy balanced meals with fruits and vegetables, avoiding unnecessary saturated (animal) fats. I will use non-fat milk.
<input type="checkbox"/>	I will strive to obtain and maintain my ideal body weight. Ask your physician about your idea weight.
<input type="checkbox"/>	If I smoke, I will stop smoking.

How am I Feeling

I will monitor how I am feeling and talk to my doctor if I answer “yes” to any of these questions.

Over the past 2 weeks, I have been bothered by the following problems:

<ul style="list-style-type: none"> • Little interest or pleasure in doing things. • Feeling down, depressed or hopeless. • Trouble falling or staying asleep or sleeping too much. • Feeling tired or having little energy. • Trouble focusing on things such as reading the newspaper or watching television.

Remember to talk to your doctor if you answer “yes” to any of these items.

My Health Issues

Check all that apply.

Diabetes Related Health Issues	
<input type="checkbox"/>	I have neuropathy (nerve damage)
<input type="checkbox"/>	I have nephropathy (kidney damage)
<input type="checkbox"/>	I have retinopathy (eye damage)
<input type="checkbox"/>	I have foot ulcers or sores
<input type="checkbox"/>	I have an amputation
<input type="checkbox"/>	I am overweight

Related Medical Problems	
<input type="checkbox"/>	High cholesterol
<input type="checkbox"/>	High blood pressure
<input type="checkbox"/>	Heart disease
<input type="checkbox"/>	Stroke
<input type="checkbox"/>	Depression

Other Health Issues	
<input type="checkbox"/>	I am a smoker

Drug Allergies	

Important Numbers

Emergency Assistance – 911
Community Resources – 211

In case of emergency, contact:

Name:	
Phone:	
Relationship:	

Contact your Primary Care Provider (PCP) for assistance before going to the hospital except in emergency situations that threaten life or limb.

Urgent After Care Phone:	
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Useful Websites

American Diabetes Association - www.diabetes.org
Centers for Disease Control - <http://www.cdc.gov/diabetes>
National Diabetes Education Program - www.ndep.nih.gov
National Diabetes Information Clearing House – <http://www.diabetes.niddk.nih.gov>
Texas Department of State Health Services – Diabetes – <http://www.dshs.state.tx.us/diabetes/default.shtm>

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MY Diabetes Passport

TAKE TO EVERY APPOINTMENT

My Name:	
My Doctor:	
	Phone:
My Nutritionist:	
	Phone:
My Diabetes Educator:	
	Phone:

My Clinic:

Place label of clinic info here.

Type: 1 2 Pre-Diabetes

Starting: month _____ year: _____

If found, please return to My Doctor or Clinic.

