Check your A1C at least once a year. A1C is a blood test that tells you your average blood sugar level over the last three months. An A1C of less than seven is the goal.

CHECK YOUR KIDNEYS each year with a urine test. Too much sugar in the blood makes kidneys overwork, which may cause them to fail.

- Get a DIABETES EYE EXAM each year. Diabetes can lead to serious vision problems or even blindness.
- Check your BLOOD PRESSURE regularly. The goal is a blood pressure reading less than 120/80 mmHg. Patients who manage to keep their blood pressure under control are less likely to suffer heart attacks, blindness or kidney damage.
- CHECK YOUR FEET every day. You may not feel cuts, sores, blisters, or calluses because diabetes can cause you to lose feeling in your feet. The American Diabetes Association recommends that all people with diabetes have a Comprehensive Foot Exam at least once a year.
- Get a FLU SHOT every year and ask if you need a pneumonia shot.
- TAKE YOUR MEDICINE as instructed. Adhering to your prescribed medication regimen is a big step in proper diabetes care. Here are some helpful tips:
  - Take medications as prescribed, even if feeling good.
  - Plan to take them at the same time every day.
  - Set reminders on your phone and/or computer.
  - Understand your regimen, their purpose and any side effects.
  - Contact your physician with any questions/concerns.
1 HEMOGLOBIN A1C
DATE TESTED: _________________  CURRENT A1C: _________
MY A1C GOAL FOR NEXT VISIT: __________________________

2 KIDNEY FUNCTION MONITORING
DATE TESTED: ________________________________________

3 COMPLETE EYE EXAM
VISIT DATE: __________________________________________

4 BLOOD PRESSURE CONTROL
DATE TAKEN: _________________  CURRENT BP: ___________
MY BP GOAL FOR NEXT VISIT IS: _________________________

5 COMPREHENSIVE FOOT EXAM
VISIT DATE: __________________________________________

6 FLU SHOT
DATE: _______________________________________________

7 MY MEDICATION LIST:
   NAME/DOSAGE
   1. _______________________________________________
      _______________________________________________
      (reason for taking it)
   2. _______________________________________________
      _______________________________________________
      (reason for taking it)
   3. _______________________________________________
      _______________________________________________
      (reason for taking it)
   4. _______________________________________________
      _______________________________________________
      (reason for taking it)
   5. _______________________________________________
      _______________________________________________
      (reason for taking it)

8 If any of these steps are blank or were completed more than a year ago, contact your PCP now.

CONTACT INFORMATION: