# Your Diabetes Care Team Phone Numbers

**Doctor:** ( )  
**Diabetes Educator:** ( )  
**Dietitian:** ( )  
**Pharmacist:** ( )  
**Foot Doctor:** ( )  
**Eye Doctor:** ( )  
**Dentist:** ( )  
**Emergency Contact:** ( )

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## Personal Diabetes Care Card

![Personal Diabetes Care Card](https://example.com/diabetes_card)

### I Have Diabetes

<table>
<thead>
<tr>
<th>Allergies:</th>
<th>Personal Diabetes Care Card</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phone Number:</strong></td>
<td><strong>1/06</strong></td>
</tr>
</tbody>
</table>

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### Medication

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Time</th>
</tr>
</thead>
</table>

**Anytime by mouth:** Call 911.

- If I cannot be awakened or cannot swallow, do not try to give me sugar treatment as above.

- If I am not improved in 10 to 15 minutes, call 911. Repeat the non-diet soft drink, fruit juice or other sugar source (sugar packet, cake gel, etc.).

- If I cannot swallow, give me 4 to 6 ounces of a sweetened, may be low.

- If I am acting strangely or cannot be awakened, my blood sugar is low.

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This list of items for good diabetes care is recommended by the American Diabetes Association (ADA) and the NYS Department of Health’s Diabetes Prevention and Control Program. Take this card to your doctor and diabetes educator when you visit them every 3 months so that YOU can take charge of your diabetes.

### TESTS (How Often)

<table>
<thead>
<tr>
<th>ADA Goal</th>
<th>My Goal</th>
<th>Date of Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hemoglobin A1C</strong> (every 3-6 months)</td>
<td>Below 7%</td>
<td></td>
</tr>
<tr>
<td><strong>Blood Pressure</strong> (each visit)</td>
<td>Below 130/80</td>
<td></td>
</tr>
<tr>
<td><strong>Cholesterol</strong> (yearly)</td>
<td>TOTAL</td>
<td></td>
</tr>
<tr>
<td>LDL</td>
<td>Below 100</td>
<td></td>
</tr>
<tr>
<td>HDL</td>
<td>&gt; 40 (male) &gt; 50 (female)</td>
<td></td>
</tr>
<tr>
<td><strong>Triglycerides</strong> (yearly)</td>
<td>Below 150</td>
<td></td>
</tr>
<tr>
<td><strong>Foot Exam</strong> (each visit)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Urine Test for Protein</strong> (yearly)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Blood Test for Kidney Function (GFR)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dilated Eye Exam</strong> (yearly)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dental Exam</strong> (every 6 months)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Flu Shot</strong> (yearly)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Weight</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**RESULTS**

<table>
<thead>
<tr>
<th>ADA Goal</th>
<th>My Goal</th>
<th>Date of Visit</th>
</tr>
</thead>
</table>

### Check (√) when reviewed with your health care professional.

- Blood Glucose
  - Before Meals: 80-120 mg/dl
  - Bedtime: 100-140 mg/dl

- Eating Well
- Exercise
- Blood Sugar Testing
- Safety Check on Meter
- Self-Monitoring Log Book (each visit)
- High & Low Blood Sugar
- Syringe Disposal
- Medicine
- Daily Aspirin Use
- Foot Care
- Sick Day Care
- Stress Management
- Tobacco/Alcohol Use

**Date of Pneumonia Shot**

**Completed Diabetes Self-Management Education Program**

NYS Diabetes Prevention and Control Program (518) 474-1222

* An A1C of 7 equals an average blood glucose of 150 mg/dl.