Wyoming Diabetes Medical Checkpoint Card - Bring this card with you to all doctor appointments

Checkpoint	Goal*	How often	Patient Goals	Date	Date	Date	Date	Date	Date
Blood Pressure	< 130/80	Every visit							
Foot Exam		Every visit							
Weight/BMI	BMI < 25	Every visit							
A1c	< 7.0, preferably ≤ 6.5	Quarterly							
Eye Exam (dilated)		Yearly							
HDL Cholesterol	> 40 men, > 50 women	Yearly							
LDL Cholesterol	<100 (< 70 if high risk)	Yearly							
Triglycerides	< 150	Yearly							
Urine Test *(Microalbumin)*		Yearly							
Diabetes Education		At least yearly							
Nutrition Counseling		At least yearly							
Self-monitoring Blood Glucose	B = 90-130; *prefer < 110* A = <180; *prefer < 140*	As needed							

* Goals based on Wyoming Clinical Practice Recommendations: Diabetes Mellitus. Check with your physician to determine your appropriate individualized goals.

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* Goals based on Wyoming Clinical Practice Recommendations: Diabetes Mellitus. Check with your physician to determine your appropriate individualized goals.

Doctor: _____

Phone number: _____

Educator: _____

Phone number: _____

Dietitian: _____

Phone number: _____

Pharmacist: _____

Phone number: _____

Foot doctor: _____

Phone number: _____

Eye Doctor: _____

Phone number: _____

Dentist: _____

Phone number: _____

Definitions and Explanations

A1c - Blood test that measures how well your blood glucose (sugar) has been controlled over the last few months.

BMI (Body Mass Index) - Measurement of body weight adjusted for height - to calculate BMI:
Weight in pounds ÷ height in inches ÷ height in inches x 703

Eye Exam - Have your eye doctor complete this section:
P = Proliferative; NP = Non-Proliferative; ME = Macular Edema; DR = Diabetic Retinopathy

Foot Exam - Check your feet daily and show your doctor any areas of concern, like sores that don't heal

Self-monitoring Blood Glucose - Method for self-checking your blood glucose (sugar):
B = before eating (pre-prandial);
A = After eating (two-hour post-prandial)

Yearly - at least once a year; might be more often if recommended by your doctor

Wyoming Department of Health
Commit to your health.

Medications

(Name, dose, frequency)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Wyoming Diabetes
Prevention and Control Program

Doctor: _____

Phone number: _____

Educator: _____

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Dietitian: _____

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