

# MY DIABETES CARE

Months: \_\_\_\_\_

## My Motivation

## HbA1c & Blood Pressure Tracker

Date	Blood Pressure (goal: 130/80)	HbA1c (goal: < 7)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Cholesterol Tracker

LDL Goal: < 100

Date	My LDL
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_____	_____
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Taking statin?

## Urine Microalbumin

Date	My Result
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_____	_____
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Notes: \_\_\_\_\_

## Annual Check-ups

	Date	Result
<input type="checkbox"/> Retinal Screen	_____	_____
<input type="checkbox"/> Foot Check	_____	_____
<input type="checkbox"/> Dentist	_____	_____

## Upcoming Diabetes Appointments (primary care, specialist, etc.)

DATE	TIME	WITH WHOM?	NOTES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____