my | diabetes medication

name	dose | frequency
□ Metformin □ Glumetza	
□ Glyburide □ Diamicron (gliclazide) □ Diamicron MR (gliclazide MR) □ Amaryl	
□ Januvia □ Onglyza □ Trajenta	
□ Invokana □ Jardiance □ Forxiga	
□ Victoza □ Byetta □ Trulicity □ Bydureon	
□ other	
insulin □ basal _____ □ bolus _____ □ mixed ._____	

Bring this passport to every clinic visit to allow **you** to track how **you** are doing with **your** overall diabetes health.

my | diabetes education

group sessions

		date/time
1	Living with Diabetes	
2	Nutrition & Lifestyle	
3	Carb Counting	
4	Advanced Skills	
5	Pattern Management	

individuals sessions

	Date	Time
1		
2		
3		
4		
5		
6		

my clinic | my diabetes

my | name

_____

my | doctor

_____

my | diabetes educator

_____

my | numbers

		date.	date.	date.	date.	date.	date.	date.	date.	date.
1	**A1C** (3 month average of blood sugar) Goal: <7.0%									
2	**Blood Pressure** Goal: <130/80									
3	**LDL** (Bad) **Cholesterol** Goal: <2.0 mmol/L									
4	**UACR** (kidneys) Goal: <2.0 (Men) <2.8 (Women)									
5	**Waist** (cm)									
6	**Weight** (kg | lbs)									

my | diabetes health

	associated conditions	prevention	monitoring	treatment
1	High blood pressure	Healthy Eating + Regular Physical Activity	Blood Pressure Check at every clinic visit	Decrease Sodium Intake Regular Physical Activity Discuss use of medication with your MD
2	High cholesterol	Healthy Eating + Regular Physical Activity	Annual Cholesterol Check (more often if abnormal)	Discuss use of medication with your MD Healthy Eating + Regular Physical Activity
4	Neuropathy (nerve damage)	Optimal Blood Sugar & Blood Pressure Control	Annual Foot Exam □Date:_____ □Date:_____ □Date:_____	
5	Nephropathy (kidney damage)	Optimal Blood Sugar & Blood Pressure Control Discuss use of ACE or ARB with your MD	Annual UACR (more often if abnormal)	
6	Retinopathy (eye damage)	Optimal Blood Sugar & Blood Pressure Control	Dilated Eye Exam Type 1. Start 5 yrs after diagnosis & screen annually thereafter. Type 2. Start at diagnosis & screen every 1-2 years □Date:_____ □Date:_____ □Date:_____	
7	Erectile Dysfunction	Optimal Blood Sugar Control	Discuss treatment options with your MD	
8	Flu	Annual Flu Vaccine		