ABC’S OF DIABETES CARE:

**ABC’s of Diabetes Care**

Sault Ste Marie Chippewa

|  |  |
| --- | --- |
| **A1C  At least twice each year** | **My goal: \_\_\_\_\_\_** |
| **Date** |  |  |  |  |
| **Result** |  |  |  |  |
| **Blood Pressure (BP)  At each visit** | **My goal: \_\_\_\_\_\_** |
| **Date** |  |  |  |  |
| **Result** |  |  |  |  |
| **Cholesterol  Once each year** | **My goal: \_\_\_\_\_\_** |
| **Date** |  |  |  |  |
| **Result** |  |  |  |  |

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MY DIABETES CARE RECORD

|  |  |  |
| --- | --- | --- |
| **Each Visit** | **Date** | **Result** |
| **Foot check** |  |  |
| **Review self-care plan** |  |  |
| **Weight check** |  |  |
| **Review medicines** |  |  |
| **Once a Year** | **Date** | **Result** |
| **Dental exam** |  |  |
| **Dilated eye exam** |  |  |
| **Complete foot exam** |  |  |
| **Flu shot** |  |  |
| **Registered Dietitian visits** |  |  |
| **Kidney check** |  |  |
| **At least once** | **Date** | **Result** |
| **Pneumonia shot** |  |  |
| **Hepatitis B shot** |  |  |

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