Medication	Dosage	Time

Allergies:

I HAVE DIABETES. If I am acting strangely or cannot be awakened, my blood sugar may be low.

- If I cannot be awakened or cannot swallow, do not try to give me anything by mouth. Please contact **Emergency Medical Services (911) immediately**.
- If I can swallow, give me 4 to 6 ounces of fruit juice, sweetened soft drink, or other sugar source. If I am not better within 10-15 minutes, contact **Emergency Medical Services (911) immediately.**

Emergency Contact:

Name: _____

Phone: _____

Diabetes Care Card

My Name:

_____

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Bring this card to each visit with your health care provider or diabetes educator. Discuss these issues during your visit and use the chart below to record your results so that you can take charge of your diabetes.

Test/Service	Target My Goal	My last exam/test	
A1C (Every 3-6 months)			
Blood Pressure (Every visit)			
Weight (Every visit)			
Foot Exam (Every visit)			
Lipid Profile (Annually)			
LDL			
HDL			
Triglycerides			
Total Cholesterol			

	Date of My Last Exam
Microalbuminuria (Annually)	
Dilated Eye Exam (Annually) *	
Dental Exam (Every 6 months)	
Foot Risk Exam	
Flu Vaccine (In Season)	
Pneumonia Vaccine	
Self-Management Education	

* Every 2 years if normal

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https://www.qmo.amedd.army.mil | http://www.healthquality.va.gov