

# One Year of Meeting My Diabetes Standards of Care



Diabetes Program  
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

<b>Every Visit</b>	<p><b>Write the date results down in the space provided. Are you meeting your goals? If not, talk to your provider and educator about your diabetes plan.</b></p>			
	<p><b>Blood Pressure</b></p> <p>My goal: _____</p>	<input type="checkbox"/> ____/____	<input type="checkbox"/> ____/____	<input type="checkbox"/> ____/____
	<p><b>Home blood sugars</b></p> <p>My goals: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>Weight</b></p> <p>My goal: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>Foot check</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b>Diabetes Education</b></p> <p>Topic: _____</p> <p>Goal: _____</p>			
<b>2-4 times per year</b>	<p>My A1C Goal: _____</p>	<p>Date: _____</p> <p>Result: _____</p>	<p>Date: _____</p> <p>Result: _____</p>	

<b>Yearly</b>	<b>Dental exam</b>	Date: Result:
	<b>Eye exam</b>	Date: Result:
	<b>Complete Foot Exam</b>	Date: Result:
	<b>Urine Albumin Test</b>	Date: Result:
	<b>Total cholesterol</b>	Date: Result:
	<b>LDL</b>	Date: Result:
	<b>HDL</b>	Date: Result:
	<b>Triglycerides</b>	Date: Result:
	<b>Blood test for liver function</b>	Date: Result:
	<b>Emotional Health</b>	Date: Result:
	<b>Medical Nutrition Therapy</b>	Date:
<b>Prevention</b>	<b>Statin</b>	Date I discussed with my provider:
	<b>Aspirin</b>	Date I discussed with my provider:
	<b>Immunization</b>	Tetanus Date: Pneumovax Date: Flu shot Date: TB test Date: Hep B Date: Over 60 ask about Zostavax:
	<b>Mammogram/PSA</b>	Date: Result:
	<b>Colonoscopy</b>	Date:
	<b>Pap</b>	Date:
	<b>EKG</b>	Date: Result: