



Take this card with you to all your doctor visits and keep record of your exams

# Medical Check Up

Compliments from:  
Diabetes Research & Wellness Foundation®

*Staying healthy until a cure is found*

Diabetes Research & Wellness Foundation®  
1832 Connecticut Ave, NW • Washington, DC 20009  
Visit our website for your diabetes literature: [www.diabeteswellness.net](http://www.diabeteswellness.net)  
[www.DiabetesLocal.org](http://www.DiabetesLocal.org)

## medical directory

\_\_\_\_\_ Dentist

\_\_\_\_\_ Ophthalmologist

\_\_\_\_\_ Podiatrist

\_\_\_\_\_ Pharmacist

\_\_\_\_\_ Dietitian

\_\_\_\_\_ Diabetes Educator

\_\_\_\_\_ Doctor

## Medical Directory

YEAR

\_\_\_\_\_ Meal Plan

\_\_\_\_\_ Exercise Plan

\_\_\_\_\_ Insulin and / or Medication Regimen

\_\_\_\_\_ Low / High Blood Sugar

\_\_\_\_\_ Aspirin Therapy

Review with your doctor at each visit:

## tests

Tests /target	My results	Date
Hemoglobin A1C < 6.5 (every 3-6 months)		
Blood pressure		
Weight		
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Blood pressure		
Weight		
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Blood pressure		
Weight		
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Blood pressure		
Weight		

# I have Diabetes.

PLEASE TEST MY BLOOD BEFORE TREATING ME.

Name \_\_\_\_\_

My Emergency Contact \_\_\_\_\_

Allergies: \_\_\_\_\_

**Medication:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_ **Time:** \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

11. \_\_\_\_\_

Use the space provided and include your test/  
exam results and the date of your visits.

Tests /target	My Results	Date
Cholesterol < 200		
HDL > 40 -men > 50 - women		
LDL < 100		
Triglycerides < 150		

yearly visits

Tests /target	My Results	Date
Creatinine < 1.2		
Microalbuminuria < 30		
Calculated GFR (Age determined)		
Dilated Eye Exam		
Monofilament foot exam		

yearly visits

Tests	My Results	Date
Flu Shot		
Dental exam		
Pap Smear		
Prostate Exam		
Colonoscopy		

yearly visits

contact