

Take this form to your next appointment. Together, you and your physician can create a plan to set and reach personalized goals.

## MY CARE TEAM

My name: \_\_\_\_\_ Date: \_\_\_\_\_

Primary care provider (PCP): \_\_\_\_\_ Phone: \_\_\_\_\_

Diabetes doctor (endocrinologist): \_\_\_\_\_ Phone: \_\_\_\_\_

Certified diabetes educator: \_\_\_\_\_ Phone: \_\_\_\_\_

Registered dietitian: \_\_\_\_\_ Phone: \_\_\_\_\_

Foot doctor (podiatrist): \_\_\_\_\_ Phone: \_\_\_\_\_

Eye doctor (ophthalmologist or optometrist): \_\_\_\_\_ Phone: \_\_\_\_\_

Pharmacist: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## MEDICATION MANAGEMENT

List all of your current medications below. Review this list with your physician to decide if you need to make any changes.

Name of medication (e.g., metformin)	How much to take (e.g., 500 mg)	When to take it (e.g., twice a day, at breakfast and dinner)	What is it for (e.g., control blood sugar levels)

## Mark the days and times you check your blood glucose:

**Days:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

**Times:** ☐ Before breakfast ☐ Before lunch ☐ Before dinner ☐ Bedtime  
☐ After breakfast ☐ After lunch ☐ After dinner ☐ Middle of the night

## TRACK YOUR PROGRESS

Record your goals and track your results on this chart.

Test or Service (frequency)	Target	My Goal	Date/Result	Date/Result	Date/Result	Date/Result
A1c (every three to six months)	Less than 7 percent		/	/	/	/
Blood glucose (every three to six months)	Less than 154 mg/dL		/	/	/	/
Blood pressure (every office visit)	Less than 140/90 mm Hg		/	/	/	/
Weight (or BMI) (every office visit)	-----		/	/	/	/
LDL (once a year)	Less than 100 mg/dL		/	/	/	/
HDL (once a year)	Above 50 mg/dL		/	/	/	/
Triglycerides (once every one to two years)	Less than 150 mg/dL		/	/	/	/
Urine albumin (once a year)	-----		/	/	/	/
Comprehensive foot exam (once a year)	-----		/	/	/	/
Dilated eye exam (once a year)	-----	-----	/	/	/	/
Dental exam (twice a year)	-----	-----	/	/	/	/
Flu shot (once a year)	-----	-----	/	/	/	/
Pneumonia vaccine (check with your doctor)	-----	-----	/	/	/	/
Hepatitis B vaccine (three shots over six months)	-----	-----	/	/	/	/

Smoking may increase your chances of having problems with diabetes and other health conditions. If you smoke and need help to quit, call QuitNet® tobacco cessation program at 1 (855) 329-5461 toll-free. Or visit [hmsa.com](http://hmsa.com).