

# Diabetes Care Card



Test/Service	Frequency	Target	Date	Date	Date	Date
HbA1c	Every 3-6 months	< 7%				
Review Blood Sugar Records	Every visit					
Blood Pressure	Every visit	<130/80 mmHg				
Weight	Every visit					
Foot Exam	Every visit					
Lipid Profile Total Cholesterol	Yearly*	<200 mg/dl				
LDL		<100 mg/dl				
HDL		M: > 45 mg/dl F: > 55 mg/dl				
Triglycerides		< 150 mg/dl				
Urine Microalbumin	Yearly	< 30mg/24hr				
Dilated Eye Exam	Yearly					
Dental Exam	Every 6 months					
Flu Shot	Yearly					
Pneumonia Vaccine	Generally one					

**\*Every 2 years if values fall in lower risk levels**      < = less than  
**Per American Diabetes Association Guidelines**      > = greater than