

MY DIABETES CHECKBOOK

A DAILY LOG TO HELP YOU CONTROL YOUR DIABETES



Name: _____

Diabetes is a serious illness, but it can be controlled.
This **Diabetes Checkbook** will help you manage your diabetes
by keeping track of important health information.

Important Contact Information:

Home Number: _____

Doctor's Name: _____

Doctor's Phone: _____

Emergency Contact Information:

Name: _____

Phone: _____

Know and Control Your Numbers

Talk to your doctor about setting goals that are right for you.

	Goal	Date / Result	Date / Result	Date / Result	Date / Result
A1C (Three-month blood sugar level)					
Blood Pressure					
Cholesterol					
Total Cholesterol					
LDL ("Bad")					
HDL ("Good")					
Triglycerides					
Weight (pounds)					

Medications List

Write all the medicine you take. Update this list when there are any changes in your medications. Talk to your doctor or pharmacist if you have questions about your medications or problems while taking your medications.

Name of Medicine	Dose	How often per day?	Special Instructions
1. Metformin	500mg	1 tablet twice a day	Take with meals
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

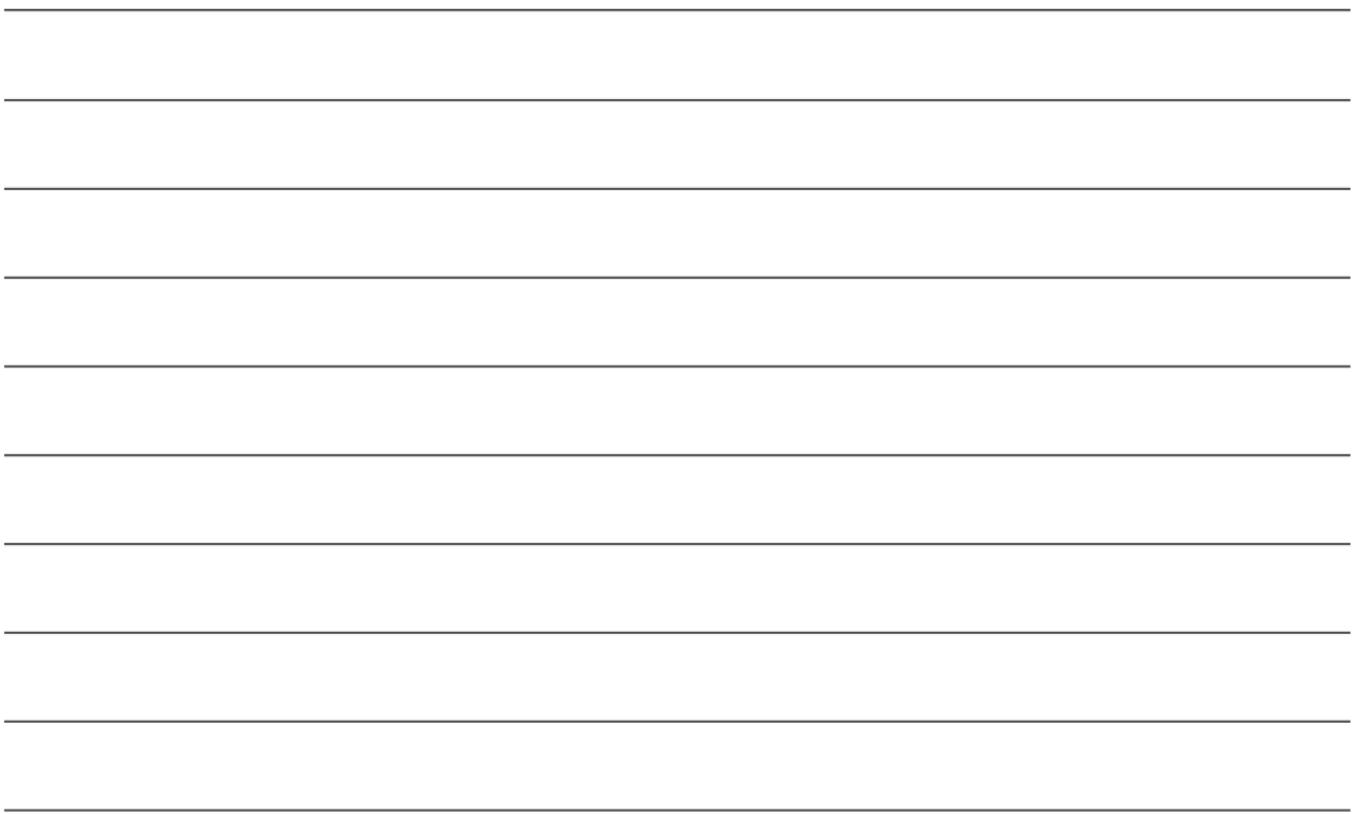
Medications List Continued

Name of Medicine	Dose	How often per day?	Special Instructions
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

Type of Glucose Meter You Use: _____

Type of Test Strip You Use: _____

Notes



Blood Sugar Log

Ask your doctor when and how often to monitor your blood sugar levels. This log will help you keep track.

	Breakfast		Lunch		Dinner		Before Bed
Date	Before	2 Hours After	Before	2 Hours After	Before	2 Hours After	
6/20/16	90	168	112	157	130	150	139

SAMPLE

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