Tests and Shots for People with Diabetes

It is important that you take care of yourself, especially if you have diabetes. These tests and shots will help you keep track of your health so you can prevent problems.

| TESTS | Dilated eye exam ☐ This test checks the back of your eye (retina) for | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Hemoglobin A1C or HgA1c □ This test checks your average blood sugar over the past 3 months. □ A blood sample will be taken. What number do you want? □ 7% or less | problems. ☐ Your eye doctor will put drops in your eyes to make your pupils big, or "dilate" them, which will allow your doctor to see your retina. How often should you get this exam? ☐ 1 time a year | |
| How often should you get this test? ☐ At least 2 times a year. | Foot exam | |
| Cholesterol ☐ High cholesterol puts you at higher risk for heart disease and stroke. ☐ Your doctor will take a fasting blood sample to check the amount of cholesterol (bad fat) in your blood. You will not be able to eat or drink for up to 8 hours before this test. What numbers do you want? | This exam checks your feet for nerve damage. Nerve damage can lead to loss of feeling in your legs and feet. This exam also checks for swelling, redness, ingrown and fungal toenails, bleeding corns and calluses, dry cracks, sores or cuts — especially around the heel — which could lead to a severe infection. Let your doctor know right away if you have these symptoms. How often should you get this exam? | |
| ☐ Total cholesterol: Less than 200 mg/dL | ☐ At least 1 time a year | |
| □ LDL (bad): Less than 100 mg/dL* □ HDL (good): Higher than 40 mg/dl for men or | SHOTS | |
| higher than 50mg/dL for women ☐ Triglycerides (bad): Less than 150 mg/dL How often should you get this test? ☐ At least 1 time a year | Flu shot □ People with diabetes have a higher risk of getting and dying from the flu. □ A flu shot could save your life! | |
| Kidney (microalbumin) test ☐ This test checks your urine to see if it has protein. | How often should you get this shot? ☐ 1 time a year | |
| □ Protein in the urine is a sign of kidney damage. How often should you get this test? □ At least 1 time a year | Pneumonia vaccine ☐ People with diabetes have a higher risk of getting at dying from pneumonia. ☐ This vaccine appld gave your life! | |
| EXAMS | ☐ This vaccine could save your life! How often should you get this shot? | |
| Blood pressure ☐ High blood pressure raises your risk of stroke, heart disease, and eye and kidney problems. ☐ Your blood pressure is measured by putting a cuff around your arm. | □ At least 1 time. □ For adults 65 years or older, ask your doctor if you need a second shot. | |
| What number do you want? | * Less than 70mg/dL may be recommended for patients with diabetes and cardiovascular disease. Check with your doctor. | |
| ☐ Less than 140/90** How often should you get this exam? ☐ Every doctor's visit | ** For patients with diabetes who have a higher risk for cardiovascular disease, a goal of 130/80 may be | |

recommended. Check with your doctor.

☐ Every doctor's visit

My Diabetes Care Record

How to use the record

Use this page to write down the date and results of each test, exam or shot. Take this page with you on your doctor visits and show it to your doctor. Ask about what goals you should have. Remember to write down questions to ask your doctor before your visit, so you don't forget to ask.

| Each Doctor Visit | Date | Result |
|---------------------------------------------------------------------------------------------|------|--------|
| Blood Pressure (BP) My Goal: | | |
| Foot check | | |
| Review self-care plan | | |
| Weight check | | |
| Review medicines | | |
| Once a Year | Date | Result |
| Cholesterol Blood Test My Goal: Total: mg/dL LDL: mg/dL HDL: mg/dL Triglycerides: mg/dL | | |
| Complete foot exam | | |
| Dental exam | | |
| Dilated eye exam | | |
| Flu shot | | |
| Kidney (microalbumin) test | | |
| At Least 2 Times Each Year | Date | Result |
| 1st A1C Blood Test My Goal: 2nd A1C Blood Test My Goal: 3rd A1C Blood Test | | |
| My Goal: | | |
| At Least Once | Date | Result |
| Pneumonia shot A second dose may be needed if over 65 years old. Ask your doctor. | | |

Population Health Management: **1-888-587-8088** (TTY **711**) Tests and Shots for People with Diabetes_English

