

My Diabetes Care: Not just about blood sugars

What is this form for? ALL members of your diabetes team need to be on the same page:

SHARE TO IMPROVE YOUR CARE!

How to use this form. Complete it with EACH member of your diabetes team (pharmacist, nurse, dietitian, etc.).
Keep one copy for yourself and have a copy faxed/scanned to your primary care provider.
Your primary care provider can review it with you at your next visit, and make changes to your care if need.

Patient Name:

Date:

DOB:

My Diabetes Vital Signs: ABCDESSS	Current Status			Comments or Advice
A 1C 7% or less or personalized target of _____ %				
B lood pressure less than 130/80 mmHG				
C holesterol (LDL) less than 2.0 mmol/L				
D rugs for decreasing heart disease risk (if applicable) • ACEi/ARB: • Statin: • ASA: • SGLT2i or GLP1ra:	Prescribed <input type="checkbox"/>	Taking <input type="checkbox"/>	Recommended <input type="checkbox"/>	
E xercise goals and healthy eating				
S elf-management support • Set a personalized goal • Identify barriers to achieving goals (pain, stress, mental health, financial and/or other concerns)				
S creening or monitoring for complications • Heart: ECG every 3-5 years if required • Foot: Yearly exam or more if required • Kidney: Yearly blood/urine tests or more if required • Eye: Yearly exam or more if required	Date last completed _____		Overdue <input type="checkbox"/>	
S moking cessation (if applicable)				

Contact info/office stamp of health-care provider(s) completing this form.

diabetes.ca
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info@diabetes.ca

**DIABETES
CANADA**

A1C	The A1C is a blood test that will help you know whether your blood sugar has been at target over the past 3 months. A lower A1C will reduce your risk of heart disease, stroke, kidney disease, eye problems, nerve damage, and foot problems. The goal for most people with diabetes is to have an A1C of 7% or less but you should talk to your doctor about the A1C target that is right for you. A higher A1C target may be safer for certain people. Targets and medications should be adjusted to prevent low blood sugars. You should have this blood test done every 3 months when blood sugar targets are not being met or when you are making changes to your diabetes management.
Blood Pressure	Higher blood pressure can damage your blood vessels, and cause heart disease, stroke, kidney disease and eye problems. The target blood pressure for most people with diabetes is less than 130/80 mmHg. A higher blood pressure may be safer for certain people if they are at risk of falls. Your blood pressure should be checked regularly. Ask your health-care provider if checking your blood pressure at home might be helpful.
Cholesterol (LDL)	This blood test measures the amount of bad cholesterol (fat) in your blood. Bad cholesterol can narrow your arteries causing heart disease and stroke. A lower cholesterol will reduce your risk of heart attack and stroke. The target for most people with diabetes is less than 2.0 mmol/L. Cholesterol should be tested yearly or as indicated by your health-care provider. More frequent testing may be necessary for people taking cholesterol medications.
Drugs to Protect your Heart	Diabetes causes many people to end up with heart disease. Research shows that certain drugs can reduce this risk even if your blood pressure and/or LDL-cholesterol are already at target. These include specific blood pressure pills (ACEi/ARB) and cholesterol-lowering medication (statins). If you are not taking these, you can ask your prescriber if you might benefit. If you already have heart disease or have had a stroke, adding aspirin and certain blood sugar lowering medications (SGLT2i or GLP1ra) can be added to protect you from further damage and complications.
Exercise Goals and Healthy Eating	Physical activity often improves blood sugar control and helps with weight loss but has many other health benefits even if weight and blood sugar control do not change. Avoid sitting for long periods of time. 150 minutes per week of aerobic exercise (like walking) is recommended. Using a step monitor (pedometer) can be helpful in tracking your activity. In addition to aerobic exercise, 2 sessions per week of strength training (like exercises with weights) is also helpful. Food is key in the management of diabetes and reducing the risk of heart attack and stroke. A registered dietitian can help you develop a personalized meal plan that considers your culture and nutritional preferences to help you achieve your goals.
Self Monitoring of Blood Glucose (SMBG)	Checking your blood sugar (also known as self-monitoring of blood glucose) or using a flash glucose meter or a continuous glucose monitor will determine if you have a high or low blood sugar and show you how your lifestyle (eating, drinking, physical activity, stress) and medication(s) affect your blood sugar levels. This may help you and your diabetes health-care team make changes to your health behaviour plans, your medications and your targets. Whether to check - and how often - depends on your goals and the medications you are taking. For most people, target levels when you check your blood sugar are: between 4 and 7mmol/L before meals, between 5 and 10mmol/L two hours after you start eating a meal.
Foot Checkup	Diabetes can cause nerve damage and poor blood flow or circulation to the legs and feet. As a result, people with diabetes are more likely to have a wound on their foot and less likely to feel it. Diabetes can interfere with healing of foot injuries and if untreated, even small foot injuries can become infected. This can lead to serious complications such as amputation. A regular foot exam is important to check for changes in your feet like shape, sensation, ulcers and infection. You can prevent problems and keep your feet healthy by managing your diabetes, checking your feet every day for changes, caring for your nails regularly, wearing properly fitted shoes and see your health-care provider if you experience any problems or notice any changes with your feet or legs (swelling, warmth, redness, pain).
Kidney Function: Urine and blood tests	The eGFR is a blood test and the ACR is a urine test. These are used to see how well the kidneys are working. An eGFR of less than 60 mL/minute or an ACR of more than 2 may suggest that you have kidney disease. These tests for your kidneys should be checked once per year or more if you have kidney disease. Control of blood sugar and blood pressure help prevent kidney damage.
Eye Exam	Over time, diabetes can cause changes to blood vessels in the retina (back of the eye) that can cause them to bleed or leak fluid, which can affect your vision. People with diabetes should get a comprehensive dilated eye exam regularly with experienced vision care professionals (optometrists or ophthalmologists). With good blood sugar control, regular eye exams and early treatment, the risk of vision loss is reduced.