



My Diabetes Record

Taking Control of Diabetes

Time period: ___/___/___ to ___/___/___

If found, please return this book to:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Questions or Comments?

Contact the:



**RIDOH Distribution Center
401-222-5852**

William.Beauvais@health.ri.gov

I HAVE DIABETES.

Year diagnosed with diabetes: _____

Type of diabetes (Type 1/Type 2) _____

In case of emergency, please notify:

Name: _____

Relationship: _____

Address: _____

City, State, Zip: _____

Phone: _____

ALLERGIES

Food: _____

Drug: _____

Other: _____

Pharmacy:

Phone #:

MY DIABETES CARE TEAM

Primary Care Doctor _____ Phone _____

Eye Doctor _____ Phone _____

Foot Doctor _____ Phone _____

Dentist _____ Phone _____

Diabetes Doctor: _____ **Phone** _____

MY DIABETES CARE TEAM (continued)

Diabetes Educator(s)

Nurse _____ Phone _____

Dietitian _____ Phone _____

Pharmacist _____ Phone _____

MEDICATIONS*

Start Date	Medication	Dose (How Much?)	Time taken? (a.m./p.m.)

**Always consult your doctor and pharmacist*

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BLOOD PRESSURE LOG PAGES

Normal Blood Pressure: less than 120 / 80

Pre-hypertension: 120-139 / 80-89

Hypertension: 140 / 90 or higher (120 / 80 or higher if you have diabetes)

Date	Time AM/PM	BP Reading	Comment

180/110 or higher is hypertensive crisis (Emergency care is needed)

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DIABETES CHECK-UPS

(Talk with your doctor and healthcare team about your personal goals)

Exam/test & Dates	Goal*	Frequency	Date	Result	Date	Result
A1c (Hemoglobin A1c)	<7	Each MD visit (2-4 times/year)*				
Blood Pressure	<120/80 mmHg	Each MD visit (2-4 times/year)*				
Foot Check*		Daily at home & at each MD visit*				
Weight		Each MD visit*				

** Reflects 2018 American Diabetes Association Standards of Medical Care in Diabetes guidelines. Talk with your doctor or healthcare team about your treatment goals.*

Exam/test & dates	Frequency	Date	Result
Dilated eye exam	Every 1-2 years*		
Urine test	Yearly		
Lipid profile includes total, LDL, and HDL cholesterol and triglycerides	Yearly*		
Flu vaccine	Yearly		
Pneumococcal vaccine	Ask your doctor		
Dental Exam	Yearly		

* Reflects current American Diabetes Association guidelines. Talk with your doctor or healthcare team.

Need Support Monitoring Your Diabetes?

Take control of your diabetes for life! Diabetes is a disease you and your healthcare team can manage. Many factors can affect your blood sugar (glucose) such as: what you eat, when you eat, medication and dosing schedules, stress, illness, exercise, physical activity, and travel. How are you affected? Your body no longer performs the task of checking and adjusting blood sugar levels on its own.

By following your doctor's and healthcare team's recommendations, you can regain control of the blood sugar levels in your body. Better control means reducing diabetes complications such as eye disease, kidney disease, or nerve damage. Talk with your doctor and/or healthcare team about your target numbers and use the diary (enclosed) to log your readings. You and your doctor and/or healthcare team can use this information to fine-tune your treatment and you can make better choices.

There may be workshops available in your community to help you manage your disease. To learn more and enroll, call a Community Health Network Patient Navigator at **401-432-7217** or email **communityhealthnetwork@ripin.org**

BLOOD GLUCOSE LOG PAGES

My target blood glucose ranges are _____ mg/dl to _____ mg/dl before meals.
 _____ mg/dl to _____ mg/dl after meals.

(Meds column: If you are taking 2 or more different pills or insulin, write out the medication name and amount taken.)

Day	Meds	Breakfast (pre/post time)		Meds	Lunch (pre/post time)		Meds	Dinner (pre/post time)		Meds	Bedtime time
Comments:											
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Cut along dotted line

TIME TO RE-ORDER

Remove this page and fill out reorder information on the back of this page.

There may be workshops available in your community to help you manage your disease.
To learn more and enroll, call a Community Health Network Patient Navigator at
401-432-7217 or email **communityhealthnetwork@ripin.org**

HOW TO RE-ORDER THIS RECORD

Please mail in this page with YOUR information to:

Mail: RIDOH Distribution Center
3 Capitol Hill, Providence, RI 02908

E-Mail: William.Beuvais@health.ri.gov

Phone: 401-222-5852

Name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Phone: (_____) _____ - _____

Day	Meds	Breakfast (pre/post time)		Meds	Lunch (pre/post time)		Meds	Dinner (pre/post time)		Meds	Bedtime time
Comments:											
Comments:											
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Comments:											

BLOOD GLUCOSE LOG PAGES

My target blood glucose ranges are _____ mg/dl to _____ mg/dl before meals.

Week of _____ mg/dl to _____ mg/dl after meals.

(Meds column: If you are taking 2 or more different pills or insulin, write out the medication name and amount taken.)

Day	Meds	Breakfast (pre/post time)		Meds	Lunch (pre/post time)		Meds	Dinner (pre/post time)		Meds	Bedtime time
Comments:											
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Comments:											
Comments:											
Comments:											
Comments:											

HEALTHY CHANGES

1. Increase physical activity.
2. Eat healthier and lose weight (if applicable)
3. Stop smoking: www.quitnowri.com or 1-800-QUITNOW (784-8669).
4. Limit alcohol use.
5. Check your feet.
6. Self-monitor blood sugar.

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DIABETES EQUIPMENT AND SUPPLIES

Meter brand: _____

Brand of test strips: _____

Brand of lancets: _____

Contact your insurer for coverage information.

WALK YOUR WAY TO BETTER HEALTH

Walking is an easy and free way to exercise! You can do it at any time, any place, in any weather. Walking 10,000 steps total each day (close to 5 miles) can help you lose weight, improve your blood pressure and cholesterol levels, and decrease the risk of cancer, diabetes, osteoporosis and heart disease. A person who walks 10,000 steps a day will burn between 2,000 and 3,500 extra calories each week. Walking helps you control your diabetes for a longer and healthier life!

TIPS ON WALKING*

- Wear comfortable shoes or sneakers, and socks. Take a walk with your family, friends, or pets.
- Park farther from the store/supermarket OR walk to the store/supermarket.
- Window shop. Go to the mall in summer or winter to keep warm or cool off.
- Walk in your garden or walk to a neighbor's house for a visit.
- Get up to change the TV or stereo channel (lose the remote or turn off the TV).
- Use the stairs instead of the elevator.

** People with diabetes are more likely to develop neuropathy which causes less feeling to their feet. This means they may not feel a cut, a piece of glass inside their foot, or a nail inside their shoe. Avoid walking barefoot to decrease the risk of foot injury!*

Consult your doctor or healthcare team before starting an exercise program. If you need more information on the benefits of walking or walking tips, go to www.thewalkingsite.com/beginner.html

ACTIVITY TRACKER

Week 1	Date				
	Weight	Time	Steps	Miles	Calories
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total					

Week 2	Date				
	Weight	Time	Steps	Miles	Calories
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total					

Week 3	Date	Weight		
	Time	Steps	Miles	Calories
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Total				

Week 4	Date	Weight		
	Time	Steps	Miles	Calories
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Total				

ACTIVITY TRACKER

Week 5	Date				
	Weight	Time	Steps	Miles	Calories
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total					

Week 6	Date				
	Weight	Time	Steps	Miles	Calories
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total					

Week 7	Date	Weight		
	Time	Steps	Miles	Calories
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Total				

Week 8	Date	Weight		
	Time	Steps	Miles	Calories
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Total				

DIABETES CARE RESOURCES

American Dental Association: www.ada.org

American Diabetes Association: www.diabetes.org / 1-800-DIABETES (800-342-2383)

American Heart Association: www.heart.org / 1-800 AHA-USA1 / (401) 228-2320

American Podiatric Medical Association: www.apma.org

American Stroke Association: www.strokeassociation.org

Centers for Medicare and Medicaid Services: www.cms.gov/1-800-MEDICARE (800-633-4227)

Division of Elderly Affairs, RI: www.dea.ri.gov / 401-462-3000

Diabetes Prevention Program (DPP): 401-432-7217

Diabetes Resource Center at Saint Joseph Hospital: 401-456-4419

Healthcentric Advisors: 401-528-3200

IN-SIGHT Vision Rehabilitation: www.in-sight.org / 401-941-3322

Juvenile Diabetes Foundation: www.jdrf.org / 800-533-CURE (800-533-2873)
Medical Assistance, RI (Medicaid): www.benefits.gov / 401-462-5300
National Kidney Foundation: www.kidney.org / 800-622-9010
Ocean State Center for Independent Living: www.oscil.org / 866-857-1161 /401-738-1013
Rhode Island Department of Health: www.health.ri.gov / 401-222-5960
Rhode Island Dental Association: www.ri.dental.com / 401-732-6833
Rhode Island Office of Rehabilitation Services: 401-421-7005
Rhode Island Podiatric Medical Association: www.rifootdoctors.com / 401-941-1142
University of Rhode Island Pharmacy Outreach Program: 800-215-9001 / 401-874-2676

DEVELOPED BY:

Rhode Island Department of Health's Diabetes Council:

Blue Cross/Blue Shield of Rhode Island

Diabetes Foundation of Rhode Island

Diabetes Resource Center

Healthcentric Advisors

Lifespan

Neighborhood Health Plan of Rhode Island

Rhode Island Diabetes Multicultural Coalition

Rhode Island Health Center Association

UnitedHealthcare of New England



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**TAKE CONTROL OF YOUR DIABETES
... USE THE RECORD**



health.ri.gov