# Diabetes Management Schedule

Your Diabetes Complication Prevention Calendar

At every doctor’s visit, ask about:

- Blood pressure (Goal 130/80) and Weight
- Foot Exam
- Review your self-monitored blood sugar records
  - Review your medications
- Review your exercise and diet plan

Two to four times a year

- HbA1c Goal <7.0  
  ___/____  ____/____  
  date/result  date/result

- Fat levels in your blood  
  ___/____  ____/____  
  Goal <100 for LDL  
  date/result  date/result

- Protein in your urine  
  ____/____  __/____  
  date/result  date/result

Annually

- Eye Exam  __/____/____date
- Flu Shot  __/____/____date

One time (May re-immunize one time Per M.D. discretion)

- Pneumonia Shot  __/____/____date

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Call Your Primary Care Doctor with any questions

Diabetes LifeCare  
860-545-3526

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The Hartford Hospital Diabetes Awareness and Screening Program, 
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