Personal Diabetes Passport

| Combont informations | | | | | | | | |
|--|--|---|--|--|--|--|--|--|
| Contact information: | | | | | | | | |
| Name: | Number: | | | | | | | |
| Physician: | Number: | | | | | | | |
| Diabetes Education Centre: | Number: | | | | | | | |
| Dietitian: | Number: | | | | | | | |
| Ophthalmologist: | Number: | | | | | | | |
| Chiropodist: | Number: | | | | | | | |
| Type of Diabetes: | | | | | | | | |
| □ Type 1 (T1DM) | □ Type | 2(T2DM) | | | | | | |
| | | • • | | | | | | |
| ☐ Increased risk for diabetes | ☐ Gesta | tional | | | | | | |
| Date diagnosed: | | | | | | | | |
| This Diabetes Passport contains impo diabetes care and up-to-date information each appointment with your healthcare p to ensure your information is recorded. exams/tests at different times as outlined | about your die rofessional and Your Dr will c | abetes. Take it to d work with them omplete different | | | | | | |
| Diabetes Related Health Issues | Related m | edical issues: | | | | | | |
| ☐ I have neuropathy (nerve damage) ☐ I have nephropathy (kidney damage) ☐ I have retinopathy (eye damage) ☐ I have foot ulcers or sores ☐ I have an amputation ☐ I am overweight ☐ I smoke | ☐ High cholesterol ☐ High blood pressure ☐ Heart disease ☐ Stroke ☐ Depression | | | | | | | |
| Medications: | | | | | | | | |
| Date: Medication: | Dose: | Frequency: | | | | | | |
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Overview of Screenings and Recommendations

| Weight/ BMI: | Medical nutrition therapy: | How you feel: |
|--|--|--|
| Dr will determine your: | Dietitian will work with you to: | Tell your doctor if you have |
| BMI waist circumference | develop a personalized, realistic eating plan to suit | experienced any of the following recently: |
| weight is in an acceptable range refer you to Diabetes Education Centre for diabetes education and nutrition counselling If obese, Dr will refer you for weight loss 5-10% reduction in weight has positive health benefits Physical activity: Exercise according to Dr: Exercise 30-60 minutes | your lifestyle and type of diabetes – stick to it! • teach you to read food labels, modify recipes and order at restaurants • Key points: portion size/number servings/ limit foods high in sugar/reduce high fat foods /increase fruit and vegetable intake Smoking: If you smoke, quit • Sign up for smoking cessation | Feeling down, depressed or hopeless Having trouble sleeping or sleep too much Feeling tired, listless or have little energy Not being able to focus on normal activities Having little interest in doing things Blood glucose control: Daily self-monitoring of blood sugar (BS) is important: Before-meals 80-120 mg/dL |
| 5 times a week (can be in 10 min blocks of time) | programme/and online support | 2 hours post- <180mg/dL |
| Exercise should be of moderate intensity | It may take more than one or two attempts to successfully | meal Bedtime 100-140 mg/dL |
| Exercise can lower BS levels and may lessen your requirement for medication More exercise (60 minutes a day) required for weight loss | quit smoking Approved smoking cessation drugs can assist with smoking cessation | HbA1c every 3-6 months <7% - good control 7-8% - moderate control >8% - not well controlled |
| Hypertension: | Foot care: | Lipids: |
| Target blood pressure (BP): | | LDL cholesterol < 100 mg/dL |
| 130/80 mg Always take your BP | Dr will refer you (T2DM) to chiropodist at diagnosis Check your feet daily for | HDL cholesterol > 50 mg/dL |
| medication (if you stop your BP will go up) You may need more than one | - Check your feet daily for sores Call Dr if you develop sores | Triglycerides < 150 mg/dL Diabetes puts you at risk for |
| Tou may need into that one type of BP medication to You must have regular BP checks Limit your intake of high sodium foods | Ensure you have foot care education and professionally fitted footwear if required Get immediate treatment for any infection of a diabetic foot | cardiovascular disease Take lipid medications as prescribed: Statin drugs ACE-inhibitors |
| 5:1 :: 10:1 5: | | • ASA |
| Diabetic Kidney Disease: | Neuropathy: | Retinopathy: |
| DKD is a life threatening complication of diabetes To will screen annually: Albumin-creatinine ratio (ACR) Serum creatinine Estimated glomerular filtration rate (eGFR) | Nerve damage can progress slowly and lead to loss of pain or touch sensations to your feet. It can also cause pain in legs, arms, or hands. Dr will screen annually Dr may refer you for pain management as required | Retinopathy is a disorder of the eye that occurs in adults with diabetes Dr will refer you (T2DM) to ophthalmologist at diagnosis Have your eyes checked annually Inform doctor of blurred vision, black spots etc |
| Dr will refer to nephrologist or internist if you have chronic progressive loss of kidney function To slow progression of DKD keep BS and BP as near to | Check your feet daily Stop/limit alcohol intake If you smoke, quit Keep BS and BP as near to | Attend any Dr referrals Follow through with Drs treatment plan Keep BS and BP as near to normal as possible |
| normal as possible | normal as possible | Horriar as possible |

Your Diabetes Numbers

| EXAM/ TEST | Date: | Date: | Date: | Date: | Date: | Date: |
|---------------------------|---------|----------|--------|-------|-------|-------|
| Date: | | | | | | |
| Height | | | | | | |
| Weight | | | | | | |
| ВМІ | | | | | | |
| Waist circumference | | | | | | |
| SELF-MANAGEMENT | (discus | s with d | octor) | | | |
| Diabetes education | , | | | | | |
| Nutrition | | | | | | |
| Physical activity | | | | | | |
| Mental health | | | | | | |
| Alcohol | | | | | | |
| Smoking | | | | | | |
| Patient care plan | | | | | | |
| EVERY VISIT (3-6 m | onths) | | | | | |
| Review SMBG log | | | | | | |
| HbA1c * | | | | | | |
| BG goals met | | | | | | |
| Blood pressure | | | | | | |
| Foot care | | | | | | |
| ANNUAL | | | | | | |
| Lipid profile - TC | | | | | | |
| - LDL | | | | | | |
| - HDL | | | | | | |
| - Triglycerides | | | | | | |
| Foot exam | | | | | | |
| Neuropathy | | | | | | |
| Eye exam | | | | | | |
| Kidney | | | | | | |
| - ACR ratio | | | | | | |
| - eGFR | | | | | | |
| Microalbuminuria | | | | | | |
| Immunizations | | | | | | |
| - Influenza | | | | | | |
| - Pneumococcus | | | | | | |
| WELL PERSON SCRE | ENING | 5 | | | | |
| Dental cleaning * | | | | | | |
| Mammogram | | | | | | |
| PAP / PSA | | | | | | |
| Breast/Prostate exam | | | | | | |
| Colonoscopy | | | | | | |

^{*} See frequently asked questions on page 8

Every Visit Diabetes Numbers

| EXAM/ TEST | Date: | Date: | Date: | Date: | Date: | Date: |
|------------------------|---------|----------|--------|-------|-------|-------|
| Date: | | | | | | |
| Weight | | | | | | |
| BMI | | | | | | |
| SELF-MANAGEMENT | (discus | s with d | octor) | | | |
| Diabetes education | | | | | | |
| Nutrition | | | | | | |
| Physical activity | | | | | | |
| Mental health | | | | | | |
| Alcohol | | | | | | |
| Smoking | | | | | | |
| Patient care plan | | | | | | |
| EVERY VISIT (3-6 m | onths) | | | | | |
| Review SMBG log | | | | | | |
| HbA1c | | | | | | |
| Blood glucose | | | | | | |
| BG goals met | | | | | · | |
| Blood pressure | | | | | | |
| Foot care | | | | | | |

Every Visit Diabetes Numbers

| EXAM/ TEST | Date: | Date: | Date: | Date: | Date: | Date: |
|--------------------|---------|----------|--------|-------|-------|-------|
| Date: | | | | | | |
| Weight | | | | | | |
| BMI | | | | | | |
| SELF-MANAGEMENT | (discus | s with d | octor) | | | |
| Diabetes Education | | | | | | |
| Nutrition | | | | | | |
| Physical activity | | | | | | |
| Mental health | | | | | | |
| Alcohol | | | | | | |
| Smoking | | | | | | |
| Patient care plan | | | | | | |
| EVERY VISIT (3-6 m | onths) | | | | | |
| Review SMBG log | | | | | | |
| HbA1c | | | | | | |
| Blood glucose | | | | | | |
| BG goals met | | | | | | |
| Blood pressure | | | | | | |
| Foot care | | | | | | |

Every Visit Diabetes Numbers

| EXAM/ TEST | Date: | Date: | Date: | Date: | Date: | Date: |
|------------------------|---------|----------|--------|-------|-------|-------|
| Date: | | | | | | |
| Weight | | | | | | |
| BMI | | | | | | |
| SELF-MANAGEMENT | (discus | s with d | octor) | | | |
| Diabetes education | | | | | | |
| Nutrition | | | | | | |
| Physical activity | | | | | | |
| Mental health | | | | | | |
| Alcohol | | | | | | |
| Smoking | | | | | | |
| Patient care plan | | | | | | |
| EVERY VISIT (3-6 m | onths) | | | | | |
| Review SMBG log | | | | | | |
| HbA1c | | | | | | |
| Blood glucose | | | | | | |
| BG goals met | | | | | · | |
| Blood pressure | | | | | | |
| Foot care | | | | | | |

Every Visit Diabetes Numbers

| EXAM/ TEST | Date: | Date: | Date: | Date: | Date: | Date: |
|---------------------------|---------|----------|--------|-------|-------|-------|
| Date: | | | | | | |
| Weight | | | | | | |
| BMI | | | | | | |
| SELF-MANAGEMENT | (discus | s with d | octor) | | | |
| Diabetes Education | | | | | | |
| Nutrition | | | | | | |
| Physical activity | | | | | | |
| Mental health | | | | | | |
| Alcohol | | | | | | |
| Smoking | | | | | | |
| Patient care plan | | | | | | |
| EVERY VISIT (3-6 m | onths) | | | | | |
| Review SMBG log | | | | | | |
| HbA1c | | | | | | |
| Blood glucose | | | | | | |
| BG goals met | | | | | | |
| Blood pressure | | | | | | |
| Foot care | | | | | | |

Annual Screening Numbers

| EXAM/ TEST | Date: | Date: | Date: | Date: | Date: | Date: |
|--------------------|-------|-------|-------|---------------------------|-------|---------|
| ANNUAL | | | | | | |
| Lipid profile - TC | | | | | | |
| - LDL | | | | | | |
| - HDL | | | | | | |
| - Triglycerides | | | | | | |
| Foot exam | | | | | | |
| Neuropathy | | | | | | |
| Eye exam | | | | | | |
| Kidney | | | | | | |
| - ACR ratio | | | | | | |
| - eGFR | | | | | | |
| Microalbuminuria | | | | | | |
| Immunizations | | | | | | |
| - Influenza | | | | | | |
| - Pneumococcus | | | | one lifetin ation requ | • | ococcal |

Annual Screening Numbers

| EXAM/ TEST | Date: | Date: | Date: | Date: | Date: | Date: |
|--------------------|-------|-------|-------|-------|-------|-------|
| ANNUAL | | | | | | |
| Lipid profile - TC | | | | | | |
| - LDL | | | | | | |
| - HDL | | | | | | |
| - Triglycerides | | | | | | |
| Foot exam | | | | | | |
| Neuropathy | | | | | | |
| Eye exam | | | | | | |
| Kidney | | | | | | |
| - ACR ratio | | | | | | |
| - eGFR | | | | | | |
| Microalbuminuria | | | | | | |
| Immunizations | | | | | | |
| - Influenza | | | | | | |

Medications

| Date: | Medication: | Dose: | Frequency: |
|-------|-------------|-------|------------|
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Frequently Asked Questions

What is BMI? BMI stands for **Body Mass Index.** It's a number that shows body weight adjusted for height. BMI is used to indicate if you are normal, overweight, obese, or underweight. BMI does not measure body fat and muscle mass.

Why will doctor measure my waist circumference? Carrying fat primarily around your waist, or being "apple-shaped", puts you at much greater risk of developing obesity-related health problems such as type 2 diabetes, dyslipidaemia, hypertension and cardiovascular disease.

| Classification: | BMI | Waist circumference: |
|----------------------|----------------|------------------------------------|
| Normal | 18.5-24.9 | At increased health risk if: |
| Overweight | 25.0-29.9 | Men >40 in (102 cm) |
| Obesity (I) | 30.0-34.9 | Women >35 in (88 cm) |
| Obesity (II) | 35.0-39.9 | Women <u>></u> 35 iii (66 ciii) |
| Severe obesity (III) | <u>></u> 40 | |

Why should I have a dental cleaning twice a year? Persons with diabetes are at increased risk for tooth decay and gum disease. A gum infection (periodontitis) can cause blood sugar levels to rise. Therefore, brush your teeth twice a day, use a tongue scraper to remove bacteria and floss teeth daily.

Is there treatment for erectile dysfunction (ED)? ED affects 34-45% of men with diabetes. Men can complete a Sexual Health Inventory online at http://www.njurology.com/ forms/shim.pdf. Doctor can prescribe medication to treat ED.

What is HbA1c? (also known as glycated haemoglobin) The level of HbA1c reflects your average blood glucose level over the past 3 months. A HbA1c level greater than 6.5% is diagnostic of diabetes.

What is IFG and IGT? Persons diagnosed with impaired fasting glucose (IFG) and/or impaired glucose tolerance (IGT), have blood glucose levels higher than normal but not high enough to be classified as diabetes. These individuals have an increased risk of developing type 2 diabetes, heart disease, and stroke. Their HbA1c level will be between 5.7%-6.4%

What is cholesterol? A fat-like substance found in blood, muscle, liver, brain, and other tissues. Too much cholesterol causes fat to build up in the walls of the larger arteries and cause atherosclerosis. High levels of triglycerides are also associated with an increased risk of heart disease.

What are trans fats? *Trans fats* found in foods can raise blood cholesterol levels. If the ingredient list includes "shortening," "partially hydrogenated vegetable oil" or "hydrogenated vegetable oil," the food contains trans fats.

How many grams of sugar in a teaspoon of sugar?

4 grams of sugar which is equivalent to 16 calories.



Diabetes Task Group 2009