

# Goals of Diabetes Management

TEST	GOAL	HOW OFTEN SHOULD I BE TESTED?	YOUR RESULT ON _____	YOUR RESULT ON _____	YOUR RESULT ON _____	YOUR RESULT ON _____
<b>WEIGHT</b>		EVERY VISIT				
<b>BLOOD PRESSURE</b>	< 130/80	EVERY 3 MOS.				
<b>FOOT CHECK</b>		AT HOME SELF CHECKS FROM DAILY TO MONTHLY WITH DOCTOR EVERY YEAR				
<b>A1C</b>	< 7%	EVERY 3 MOS. IF YOUR A1C > 7% EVERY 6 MOS. IF YOUR A1C < 7%				
<b>TEETH EXAM</b>		ONCE A YEAR				
<b>LDL</b> (bad cholesterol)	< 100	ONCE A YEAR				
<b>HDL</b> (good cholesterol)	> 40	ONCE A YEAR				
<b>TRIGLYCERIDES</b>	< 150	ONCE A YEAR				

## Goals of Diabetes Management (Continued)

TEST	GOAL	HOW OFTEN SHOULD I BE TESTED?	YOUR RESULT ON _____	YOUR RESULT ON _____	YOUR RESULT ON _____	YOUR RESULT ON _____	YOUR RESULT ON _____
KIDNEY FUNCTION (MICROALBUMIN)	< 30	ONCE A YEAR					
VISION EXAM		ONCE A YEAR					
DEPRESSION SCREENING		ONCE A YEAR					
PHYSICAL CHECK-UP		ONCE A YEAR					
FLU VACCINE		ONCE A YEAR					
PNEUMONIA VACCINE		PPSV 23: ONCE BEFORE AGE 65 AND ONCE AFTER AGE 65  PCV 13: ONCE AFTER AGE 65					
HEPATITIS B		COMPLETE VACCINATION SERIES ONCE					
SHINGLES		ONCE AFTER AGE 60					