

# FESSS FAMILY HEALTH CARE DIABETES CONTROL REPORT CARD

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<b>Test</b>	<b>Date last done</b>	<b>National guidelines for optimal diabetes outcome</b>	<b>Recommendation for you</b>
<b>Dilated Eye examination</b>		<b>Recommended frequency is Once a year or otherwise</b>	
<b>Dental Cleaning by Hygienist</b>		<b>Recommended frequency is Once a year or otherwise</b>	
<b>Monofilament foot sensory test</b>		<b>Recommended frequency is Once a year or otherwise</b>	
<b>Urine test for albumin levels</b>		<b>Recommended frequency is Once a year or otherwise</b>	
<b>Blood hemoglobin A1C (sugar coat)</b>		<b>Recommended every 3 months, keep below 7 %</b>	
<b>Cholesterol with Lipid Profile</b>		<b>Update recommended every 12 months</b>	
<b>Blood Pressure control</b>		<b>Recommended top number under 130, lower 80</b>	
<b>Electrocardiogram</b>		<b>Recommended every 5 years over age 50</b>	
<b>Pneumonia vaccine</b>		<b>Baseline for all diabetic</b>	
<b>Flu vaccine</b>		<b>Recommended annually unless intolerant to shot</b>	
<b>One coated aspirin a day</b>		<b>Recommended over 40 if no intolerance history</b>	

