### MY DIABETES PASSPORT

| My Name: |  |  |
|----------|--|--|
| Phone:   |  |  |

Take this passport to every appointment and use it with your health care team to help manage your diabetes

**Stand up** to Diabetes



### **MY DIABETES CARE TEAM**

| Family Doctor:               | Phone |
|------------------------------|-------|
| Nurse Practitioner:          | Phone |
| Specialist:                  | Phone |
| Specialist:                  | Phone |
| Diabetes Education Program:  | Phone |
| Nurse:                       | Phone |
| Dietitian:                   | Phone |
| Ophthalmologist/Optometrist: | Phone |
| Pharmacy:                    | Phone |
| Other:                       | Phone |
| Other:                       | Phone |

# **MY DIABETES EDUCATION PROGRAM**

| Diabetes Education Sessions — Group or Individual | Date/Time |
|---|-----------|
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## MY DIABETES TESTS

| How Often†    | Every 3-6 months          | Once a year                  | Every 1-3 years                                 | Once a year                        | Once a year | Every diabetes appointment | As needed | Every 1-2 years               | Once a year |
|---------------|---------------------------|------------------------------|---|------------------------------------|-------------|----------------------------|-----------|-------------------------------|-------------|
|               |                           |                              |   | Kidney Fur                         | iction Test |                            |           |                               |             |
| Date          | A1C<br>(Blood Sugar Test) | LDL-C<br>('Bad' Cholesterol) | TC/HDL-C Ratio<br>(Cardiovascular Risk Measure) | ACR                                | eGFR        | Blood Pressure             | Weight    | Retinal Eye Exam<br>(Dilated) | Foot Exam   |
|               |                           |                              |   |                                    |             |                            |           |                               |             |
|               |                           |                              |   |                                    |             |                            |           |                               |             |
|               |                           |                              |   |                                    |             |                            |           |                               |             |
|               |                           |                              |   |                                    |             |                            |           |                               |             |
|               |                           |                              |   |                                    |             |                            |           |                               |             |
|               |                           |                              |   |                                    |             |                            |           |                               |             |
|               |                           |                              |   |                                    |             |                            |           |                               |             |
| Target Level‡ | ≤7.0%                     | ≤2.0 mmol/L                  | <4.0  | M: <2.0 mg/mmol<br>F: <2.0 mg/mmol | >60 mL/min  | <130/80 mmHg               | -         | -                             | -           |
| My Goal       |                           |                              |   |                                    |             |                            |           |                               |             |
| Date          |                           |                              |   |                                    |             |                            |           |                               |             |
| My Goal       |                           |                              |   |                                    |             |                            |           |                               |             |
| Date          |                           |                              |   |                                    |             |                            |           |                               |             |
| My Goal       |                           |                              |   |                                    |             |                            |           |                               |             |
| Date          |                           |                              |   |                                    |             |                            |           |                               |             |

† More often if needed upon consultation with your doctor ‡ For more information, please refer to the Canadian Diabetes Association 2013 Clinical Practice Guidelines

# PRESCRIBED MEDICATIONS (INCLUDING INSULIN)

| Medication | Dose/How Often | Condition Taken For | Time of Day |
|------------|----------------|---------------------|-------------|
|            |                |                     |             |
|            |                |                     |             |
|            |                |                     |             |
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|            |                |                     |             |
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### **OVER-THE-COUNTER MEDICATIONS**

| Medication | Condition Taken For | Dose/How Often |
|------------|---------------------|----------------|
|            |                     |                |
|            |                     |                |
|            |                     |                |
|            |                     |                |
|            |                     |                |
|            |                     |                |
|            |                     |                |
|            |                     |                |

# **MY MEDICATION ALLERGIES**

#### FOR MORE INFORMATION

Visit the Stand up to Diabetes website at **ontario.ca/diabetes** to download **"My Diabetes Passport"** in various languages.

On this website, you will also find the "**Diabetes and You**" tool kit, which contains simple, clear information to help you learn about diabetes management.

The resources below can also help you stay healthy and manage your diabetes:

Stand up to Diabetes ontario.ca/diabetes

EatRight Ontario eatrightontario.ca 1-877-510-510-2

Telehealth Ontario 1-866-797-0000

Canadian Diabetes Association diabetes.ca

Canada's Food Guide hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php

Information on Food Labels healthyeatingisinstore.ca

## MY GOAL

| My Goal:             |       |       |        |         |         |        |       |       |       |                 |    |
|----------------------|-------|-------|--------|---------|---------|--------|-------|-------|-------|-----------------|----|
| Target Da            | ite:  |       |        |         |         |        |       |       |       |                 |    |
| Difficultie          | es in | meet  | ing th | is go   | al:     |        |       |       |       |                 |    |
|                      |       |       |        |         |         |        |       |       |       |                 |    |
|                      |       |       |        |         |         |        |       |       |       |                 |    |
| My plan t            | o ove | ercom | e diff | icultie | s (reso | ources | /peop | le wh | o can | support me      | ): |
|                      |       |       |        |         |         |        |       |       |       |                 |    |
|                      |       |       |        |         |         |        |       |       |       |                 |    |
| Confiden             | ce in | meet  | ing n  | ny goa  | al:     |        |       |       |       |                 |    |
| Not at all confident |       |       |        |         |         |        |       |       |       | Totally confide | nt |
| - communit           | 1     | 2     | 3      | 4       | 5       | 6      | 7     | 8     | 9     | 10              |    |
|                      |       |       |        |         |         |        |       |       |       |                 |    |



### MY GOAL

| My Goal:                |       |       |         |        |         |        |       |       |       |      |                      |  |
|-------------------------|-------|-------|---------|--------|---------|--------|-------|-------|-------|------|----------------------|--|
| Target Da               | ite:  |       |         |        |         |        |       |       |       |      |                      |  |
| Difficultie             | es in | meeti | ing th  | is goa | al:     |        |       |       |       |      |                      | 4  |
|                         |       |       |         |        |         |        |       |       |       |      |                      | rio 20]  |
|                         |       |       |         |        |         |        |       |       |       |      |                      | for Ontai  |
| My plan t               | 0 OVE | ercom | e diffi | cultie | s (resc | ources | /peop | le wh | o can | supp | oort me):            | Printer  |
|                         |       |       |         |        |         |        |       |       |       |      |                      | ieen's   |
|                         |       |       |         |        |         |        |       |       |       |      |                      | .4 © Q₁  |
|                         |       |       |         |        |         |        |       |       |       |      |                      | urch 201   |
| Confiden                | ce in | meet  | ing m   | ny goa | al:     |        |       |       |       |      |                      | DF) Ma   |
| Not at all<br>confident | 1     | 2     | 3       | 4      | 5       | 6      | 7     | 8     | 9     | 10   | Totally<br>confident | talogue No. 015468 Revised (PDF) March 2014 © Queen's Printer for Ontario 2014 |

