

## Every Doctor Visit

<b>Date</b>						
<b>Blood Glucose</b>						
<b>A1c Test / Goal</b>						
<b>Weight / Goal</b>						
<b>Blood Pressure / Goal</b>						
<b>Foot Check</b>						

## Every Year

<b>Date</b>						
<b>Flu Shot</b>						
<b>Urine Protein</b>						
<b>Total Cholesterol</b>						
<b>HDL Cholesterol</b>						
<b>LDL Cholesterol</b>						
<b>Triglycerides</b>						
<b>Tobacco Use</b>						
<b>Eye Exam</b>						