

Patient Name: \_\_\_\_\_

Type of Care	Date Completed	Location
<input type="checkbox"/> <b>HbA1c</b> Ask your doctor to order this lab test. It should be done every six months if your diabetes is doing well, and every three months if it is not.		
<input type="checkbox"/> <b>Protein in Urine</b> Ask your doctor to order this lab test every year.		
<input type="checkbox"/> <b>Diabetic Eye Exam</b> Ask your doctor to refer you to an eye doctor for this exam every year. Tell your doctor it is paid under your medical, not vision benefits.		
<input type="checkbox"/> <b>Foot Exam</b> Take off your shoes and socks at every visit to your doctor. This will allow your doctor to do an exam of your feet. Ask your doctor to check your foot sensation with a monofilament every year.		
<input type="checkbox"/> <b>Blood Pressure</b> Have your blood pressure checked at every doctor's visit. If it is high, have it checked again before you leave.		
<input type="checkbox"/> <b>Vaccines</b> Ask your doctor about a pneumonia shot. Get your flu shot from your doctor or drug store every year.		
<input type="checkbox"/> <b>Diabetes Education</b> This covers care of your diabetes, diet, exercise, and medicine. Ask your doctor to order this. You can also call the program yourself, and they can coordinate with your doctor. See programs on enclosed <i>Resource List</i> .		

**Reminder:** Carry this in your purse or wallet. Use this record to call us to get your reward. For more information, see enclosed summary of the *Member Diabetes Rewards Program*.

**List of Medications:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____