

# MY DIABETES YEARLY PASSPORT

This *Diabetes Passport* is just for you! Use it to record your personal healthcare information, track your medications and set health-related goals. There's also a blood glucose log, diabetes tests chart and food journal. Take your *Diabetes Passport* to all your medical appointments to ensure this information is being seen and recorded by your providers. Talk with your providers about what's right for you. This passport is for informational purposes only. It is not intended to be a substitute for professional medical advice, diagnosis or treatment.



Everyone with Diabetes Counts



Quality Improvement  
Organizations  
Sharing Knowledge. Improving Health Care.  
CENTERS FOR MEDICARE & MEDICAID SERVICES



## MY ESSENTIAL INFORMATION

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

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Diabetes:     Type 1       Prediabetes  
                               Type 2       Gestational

Number of years with diabetes/prediabetes: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

### Diabetes-Related Health Conditions:

- Neuropathy (nerve damage)
- Nephropathy (kidney damage)
- Retinopathy (eye damage)
- Foot ulcers or sores
- Amputation
- Overweight
- Smoker

### Related Medical Conditions:

- High cholesterol
- High blood pressure
- Heart disease
- Stroke
- Depression
- History of substance abuse (including opioids)

## MY DIABETES CARE TEAM



Primary Care Doctor: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_



Nurse: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_



Dietitian: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_



Eye Doctor: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_



Dentist: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_



Podiatrist: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_



Endocrinologist: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_



Pharmacy: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_



Diabetes Education Program: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_



Other: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_



Medication	Dosage	Frequency	Time of Day	Reason	Date Started	Prescribed by	Additional Notes	Check Box
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**Prescription medicines:**

- Drops for eye/ear/nose
- Inhalers or nebulizers for respiratory conditions
- Injections like B12, insulin, or Heparin
- Topical ointments/creams

**Over the counter medicine:**

- Pain relievers
- Cold medications
- Laxatives
- Herbal remedies
- Homeopathic medicine
- Minerals
- Supplements
- Vitamins

**Be sure you bring them in the original container.**

## MY DIABETES TESTS

Talk with your doctor about setting these targets together, based on your healthcare needs.

Test	How Often	Target Values	Date & Results	Date & Results	Date & Results
A1c	Every 3-6 months				
Blood Cholesterol (lipid profile)	Once each year				
Blood Pressure	Every doctor visit				
Retinal Eye Exam	Once each year				
Foot Exam	Every doctor visit				
Flu Shot	Every year				
Kidney function (microalbumin)	Once each year				
Dental Exam	Every 6 months				
Additional Tests/Exams/Shots	Talk to your doctor				

## MY TARGETS

Talk with your doctor about setting these targets together, based on your healthcare needs.

### My Diabetes Targets:

Weight: \_\_\_\_\_

BMI: \_\_\_\_\_

Blood Glucose before Meals: \_\_\_\_\_

2 Hours after Meals: \_\_\_\_\_

### My Health Plan Goals:

Diet Goal: \_\_\_\_\_

Exercise Goal: \_\_\_\_\_

Eye Care Goal: \_\_\_\_\_

Dental Goal: \_\_\_\_\_

Foot Care Goal: \_\_\_\_\_

Medication Goal: \_\_\_\_\_

Other Goals: \_\_\_\_\_

\_\_\_\_\_

## PERSONAL ACTION PLAN

Remember to make it achievable, and to be specific. Include what you are going to do, how much you will do, when you will do it and how often.

Talk to your doctor about your plans, to make sure they are appropriate for your healthcare needs.

*Example: By the next follow-up appointment, my personal goal is to eat one home cooked meal each day.*

**My Goal:**



Dotted-line text box for entering the goal.

**Target Date:**

**Challenges in meeting this goal:**

Dotted-line text box for entering challenges.

**My plan to overcome difficulties:**

Dotted-line text box for entering a plan to overcome difficulties.

**Confidence  
in Meeting  
Goal**

1 2 3 4 5 6 7 8 9 10

(1 - no confidence | 10 - totally confident)





**My Goal:**



[Dotted-line text box for writing the goal]

**Target Date:**

**Challenges in meeting this goal:**

[Dotted-line text box for writing challenges]

**My plan to overcome difficulties:**

[Dotted-line text box for writing a plan]

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**My Goal:**



.....

**Target Date:**

**Challenges in meeting this goal:**

.....

**My plan to overcome difficulties:**

.....



**My Goal:**



.....

**Target Date:**

**Challenges in meeting this goal:**

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**My plan to overcome difficulties:**

.....



**My Goal:**



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# THREE-DAY FOOD JOURNAL

Day 1 | Date:

Meal	Food	Carbs
Breakfast		
Lunch		
Dinner		
Snacks		
Notes		
Minutes	Physical Activity	

**Day 2 | Date:**

Meal	Food	Carbs
Breakfast		
Lunch		
Dinner		
Snacks		
Notes		
Minutes	Physical Activity	

Day 3 | Date:

Meal	Food	Carbs
Breakfast		
Lunch		
Dinner		
Snacks		
Notes		
Minutes	Physical Activity	



## QUESTIONS FOR MY HEALTHCARE PROVIDER

Use this page to write down questions right when you think of them so you are prepared to ask them at our next visit. Questions might be about blood pressure, home blood sugar levels, diet, exercise, medicine, barriers, symptoms, test results, weight, etc.

**Q:**



**A:**



**Q:**



**A:**



**Q:**



**A:**



**Q:**

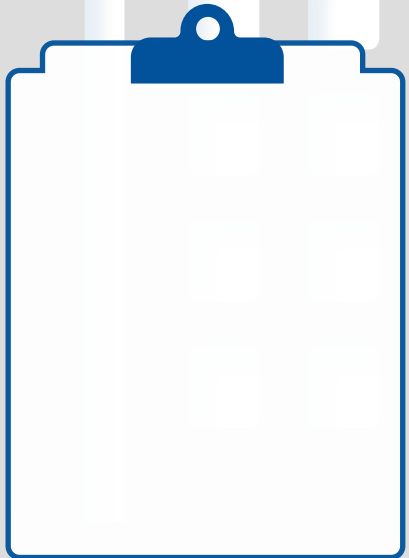
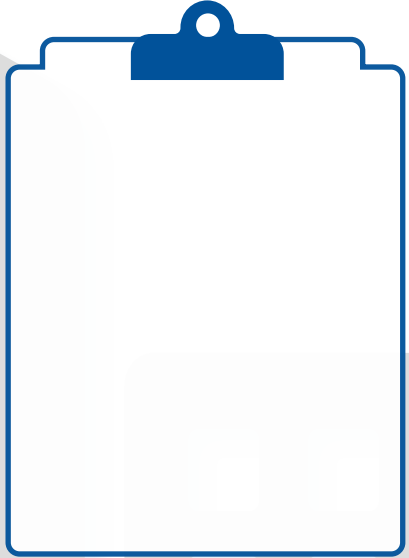


**A:**



## ER VISITS & HOSPITALIZATIONS

Use this page to document any of your ER visits or hospitalizations throughout the year. Be sure to list the dates, length of stay, reason for the visit and the location.



## USEFUL HEALTH RESOURCES

### Access to Healthcare

Free Clinics Directory by State  
[www.freeclinics.com](http://www.freeclinics.com)

### Diabetes Resources

American Diabetes Association  
[www.diabetes.org](http://www.diabetes.org)

Joslin Diabetes Foundation  
[www.joslin.harvard.edu](http://www.joslin.harvard.edu)

National Diabetes  
Information Clearinghouse  
[www.diabetes.niddk.nih.gov](http://www.diabetes.niddk.nih.gov)

### Food Access and Nutritional Information

Meals on Wheels America  
[www.mealsonwheelsamerica.org](http://www.mealsonwheelsamerica.org)

ADA Food Hub  
[www.diabetesfoodhub.org](http://www.diabetesfoodhub.org)

### Access to Prescription Medications

Patient Assistance Programs for Prescription Medications  
[www.needymeds.org](http://www.needymeds.org)

### Cardiac Resources

American Heart Association  
[www.heart.org](http://www.heart.org)

### Healthy Living/Chronic Illness Resources

Centers for Disease  
Control and Prevention:  
[www.cdc.gov](http://www.cdc.gov)

Mayo Clinic:  
[www.mayoclinic.com](http://www.mayoclinic.com)

### Social Support

The Mighty Digital  
Health Community:  
[www.themighty.com](http://www.themighty.com)

Diabetic Connect  
Social Media Community:  
[www.diabeticconnect.com](http://www.diabeticconnect.com)

## Disclaimer

This material was prepared by Telligen Quality Innovation Network - Quality Improvement Organization (QIN-QIO), under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. CMS's Everyone with Diabetes Counts (EDC) is a diabetes self-management education program offering evidence-based diabetes self-management training. Much of the content of Telligen's EDC *My Diabetes Yearly Passport* is a compilation of similar elements found in existence within many other passports in current use. As the QIN-QIO for CMS, we have developed our *My Diabetes Yearly Passport* with our beneficiaries in mind, tailored for the needs of our population reach.

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Everyone with Diabetes Counts



[www.telligenqinqio.com](http://www.telligenqinqio.com)

