

START *Smart* FOR YOUR HEALTH

# DIABETES JOURNEY BOOKLET



This booklet does not replace the advice of your healthcare provider. Be sure to talk with your provider regarding your personal diabetes care plan.

## WELCOME TO THE DIABETES MANAGEMENT PROGRAM!

This booklet is to help you learn important steps you need to take to keep your diabetes in control and to prevent damage to your organs. These include your kidneys, eyes and heart. You may know this disease as 'high blood sugar' or 'sugar in your blood.' It is important that you learn all you can about diabetes. Prevention is the best medicine. Stay healthy!

You are an important part of your medical team.

Have your provider sign and date the sections on the tear out sheets that represent a test or appointment you have had. You can receive a reward after you mail in the card.

The diary section helps you keep track of your daily glucose (sugar) readings.



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Remember to bring this booklet with you to all your doctor appointments. We hope this adds a little fun to staying healthy. Make a goal and once you get there treat yourself to something special! You deserve it.

## Blood Pressure

It is important to know what your blood pressure is and what is normal for you. Have it checked at each visit to the doctor or nurse.

## Blood Sugar

A hemoglobin A1c (a blood test) gives your doctor an idea of how well controlled your blood sugar is over the last two to three months. The higher the number the more glucose you have in your blood. Most diabetics should have a value less than 7 percent. You should know what yours is. Have it checked at least one time each year. Most doctors have you check it more often to see how well controlled your sugar is.

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## Cholesterol

A high cholesterol level is not good for your heart. You should have the LDL or 'bad cholesterol' level checked yearly. It is good to know what your level is and how to bring it down to normal.

## Kidneys

Your kidneys can be harmed by high glucose levels. Sometimes the damage leads to kidney failure. A simple urine test can tell your provider if protein is leaking into your urine. Remind them to do this test every year.

## Eyes

High glucose levels in your blood can also damage the blood vessels in your eyes, just like those in other areas of your body. There can be a problem and you won't even notice it. It is important to have a dilated eye exam by an eye doctor every other year, or every year if they find a problem.

## Healthy Feet

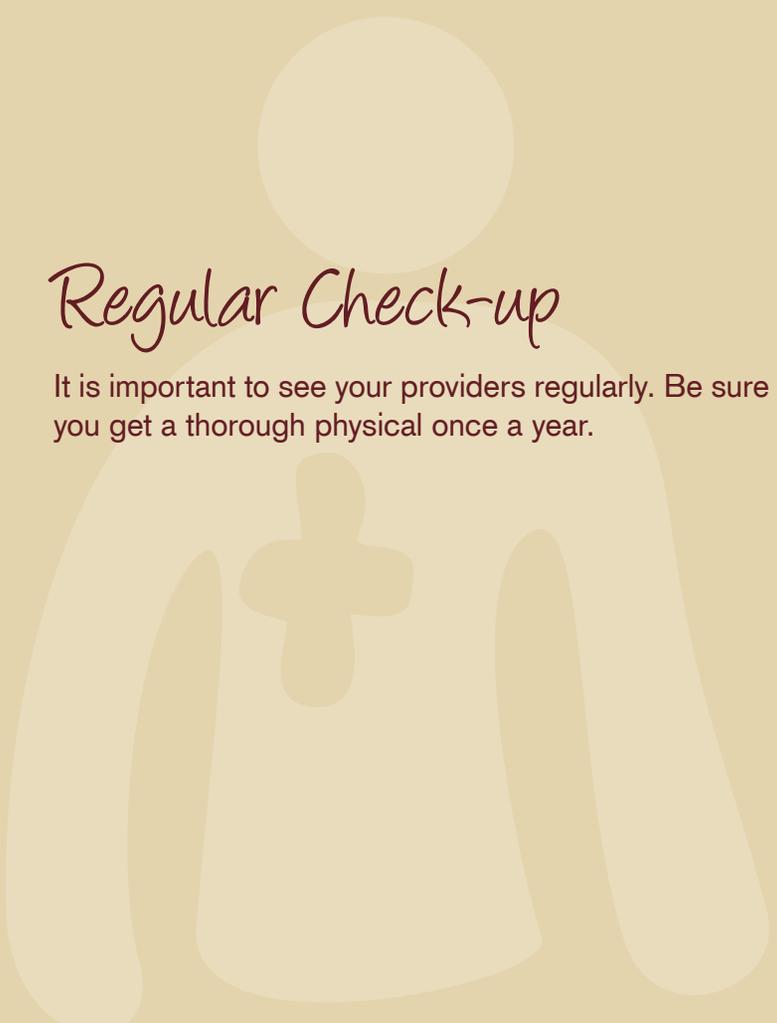
Diabetes can make it so you don't feel your feet and toes as well as you did before. Be sure your socks are soft and your shoes aren't too tight. It is important to have a mirror to check your feet for cuts, blisters, red spots and toe nail problems every week. A yearly visit to the podiatrist will make sure that your feet are healthy.

## Diet and Nutrition

A diabetic educator or nutritionist visit can give you a lot of tips on how to eat healthy. They can go over what you eat now and find ways to make changes to control your blood sugar.

## The Flu

It is important to get your flu shot every year, unless your doctor says it is not safe. When you have diabetes, you are at higher risk for complications from the flu.



## Regular Check-up

It is important to see your providers regularly. Be sure you get a thorough physical once a year.

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## Keeping a Log

It is important to keep good records on your daily glucose levels. It's also helpful to know what time you took the test, what you ate that day and if anything else was going on like you had the flu, you walked a few miles, or you had birthday cake!

Bring these records to every doctor appointment. It helps them take care of you the best they can.

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# Blood Glucose Tests

Diabetes Log

	Date	Date	Insulin Dose - Type and/or Pills	Breakfast		Lunch		Dinner		Bedtime
				Before	After	Before	After	Before	After	Before
Mo				time						
				mg/dL						
Tu				time						
				mg/dL						
We				time						
				mg/dL						
Th				time						
				mg/dL						
Fr				time						
				mg/dL						
Sa				time						
				mg/dL						
Su				time						
				mg/dL						



# Earn Rewards!

At your doctors visits, have your doctor or nurse write in the appropriate information in the boxes on the next page. Have them sign and date each box when you receive the recommended services this year. Fill out the information on the back of each tear-out card. When a tear-out card is complete, you can return it in one of the enclosed envelopes for a gift card! Up to three (3) gift cards can be earned this way. **If you return all three tear-out cards, you will also receive a free gift.** You do not need to send all tear-out cards at the same time. Cards must be postmarked no later than December 31 of this year to receive a gift card.

*Blood Pressure*

Date: \_\_\_\_\_

Blood Pressure Result: \_\_\_\_\_

Healthcare Professional's Signature: \_\_\_\_\_

*Flu Shot*

Date: \_\_\_\_\_

Healthcare Professional's Signature: \_\_\_\_\_

*Foot Check*

Date: \_\_\_\_\_

Healthcare Professional's Signature: \_\_\_\_\_

Primary Doctor's Name (Printed): \_\_\_\_\_

Tax ID#: \_\_\_\_\_

*Dietician Visit*

Date: \_\_\_\_\_

Healthcare Professional's Signature: \_\_\_\_\_

*Yearly Physical*

Date: \_\_\_\_\_

Healthcare Professional's Signature: \_\_\_\_\_

*Eye Exam*

Date: \_\_\_\_\_

Result (Please Circle): positive negative

Healthcare Professional's Signature: \_\_\_\_\_

Primary Doctor's Name (Printed): \_\_\_\_\_

Tax ID#: \_\_\_\_\_

*Blood Sugar*

Date: \_\_\_\_\_

HbA1c Result: \_\_\_\_\_

Healthcare Professional's Signature: \_\_\_\_\_

*Urine Check*

Date: \_\_\_\_\_

Result (Please Circle): positive negative

Healthcare Professional's Signature: \_\_\_\_\_

*Cholesterol Level*

Date: \_\_\_\_\_

LDL Result: \_\_\_\_\_

Healthcare Professional's Signature: \_\_\_\_\_

Primary Doctor's Name (Printed): \_\_\_\_\_

Tax ID#: \_\_\_\_\_

Your Name:

Date of Birth:

Street Address:

City, State, Zip

Your Phone Number:

Your Medicaid ID Number (required):

Your Health Plan Name:

Your E-mail Address (optional):

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Your Name:

Date of Birth:

Street Address:

City, State, Zip

Your Phone Number:

Your Medicaid ID Number (required):

Your Health Plan Name:

Your E-mail Address (optional):

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