

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.

Access this passport on your phone by scanning this QR code

MIDWEST QIN-QIO

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
- ○ Over Recommended Weight
- ○ Tobacco User

Related Medical Conditions:

- ○ High cholesterol
- ○ High blood pressure
- ○ Heart disease
- ○ Stroke
- ○ Depression
- ○ History of substance abuse (including prescription pain killers

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: (____) _____

MY OVER-THE-COUNTER & PRESCRIPTION MEDICATIONS

For your best care and safety, be sure to bring ALL your medicines from all of your doctors to every appointment. Make sure to review this list with your doctor at every visit. Your medication list should be carried with you at all times in case of emergency. Copy this page to save in your wallet or near your ID.

Medication	Dosage	Frequency	Time of Day	Reason	Date Started	Prescribed by	Additional Notes	Check Box
								☐ *New Med* ☐ *Changed*
								☐ *New Med* ☐ *Changed*
								☐ *New Med* ☐ *Changed*
								☐ *New Med* ☐ *Changed*
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								☐ *New Med* ☐ *Changed*

Be sure you bring them in the original container.

Over the counter medicine:

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

Prescription medicines:

- Drops for eye/ear/nose
- Inhalers or for nebulizers for respiratory conditions
- Injections such as B12, insulin, or Heparin
- Topical Ointments/Creams

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	3 months if meeting goal, 6 if stable				
Cholesterol (lipid profile)	At least once each year				
Blood Pressure	Every routine doctor visit				
Retinal Eye Exam	Every 1-2 years if low risk				
Foot Exam	Visual check at every visit, comprehensive annually				
Flu Vaccine	Every year				
Kidney function (Urine Albumin to-Creatine Ratio + eGFR)	Once each year				
Dental Exam	At least once a year				
Additional Screening	Talk to your doctor	Discuss with your provider (thyroid, liver, mental health, etc)			

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:

Target Date:

Challenges in meeting this goal:

My plan to overcome difficulties:

Confidence in Meeting Goal

☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

(1 - no confidence | 10 - totally confident)



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Target Date:

Challenges in meeting this goal:

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Confidence in Meeting Goal

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DAILY GLUCOSE LOG

This is an example of a glucose log that allows you to track your glucose levels before and after meals. Start with this log and then ask your provider for one so you can continuously monitor your glucose levels. After meal testing should be two hours after you eat. In the notes section, be sure to note what's happening - such as food, exercise, stress, illness, mood, sleep, ketones, dehydrated, etc. - to identify what may have affected your numbers.

Date	Breakfast		Lunch		Dinner		Bedtime
	Before	After	Before	After	Before	After	

Notes:

Date	Breakfast		Lunch		Dinner		Bedtime
	Before	After	Before	After	Before	After	

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:

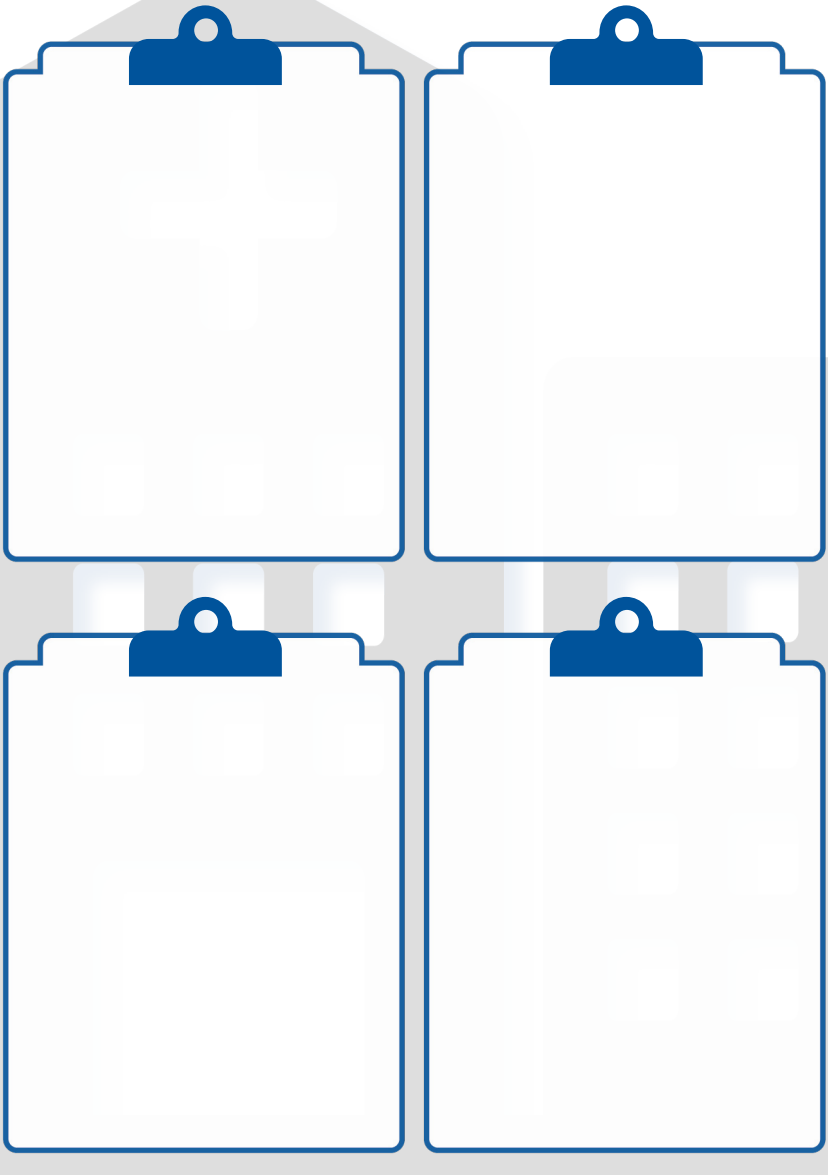
A:

Q:

A:

EMERGENCY ROOM VISITS & HOSPITALIZATIONS

Use this page to document any of your emergency room 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

Cardiac Resources

American Heart Association
www.heart.org

Healthy Living/Chronic Illness Resources

Centers for Disease Control and Prevention:
www.cdc.gov

Mayo Clinic:
www.mayoclinic.com

Disclaimer

This material was prepared by Midwest QIN-QIO, a 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. 13thSOW-QIN-QIN-12/29/25-113

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