

TYPE 2 DIABETES (T2D) TREATMENT TRACKER

Keep track of your doctors and other care team members, medications, appointments, test results, blood sugar readings, and other important health information all in one place.

Name _____ Phone Number: _____

My Diabetes Care Team

Who	Name	Phone Number
Primary Care Physician		
Diabetes Specialist		
Nutritionist or Dietitian		
Eye Doctor		
Foot Doctor		
Heart Doctor		
Kidney Doctor		
Dialysis Center		
Pharmacy		
Other:		
Other:		

Emergency Contact _____ Phone Number: _____

Relationship _____

Allergies _____

This form is designed to collect personal health information and should be maintained to protect from inadvertent disclosure.

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My Medications

Medication	Dose	Take At

List all the medications you are taking, not just those for type 2 diabetes. Remember to list over-the-counter medications such as painkillers, and vitamins and herbal supplements that you might be taking.

My Diabetes Tests

Test	Goal	Date/Value	Date/Value	Date/Value	Date/Value
A1C (average blood sugar)					
LDL (bad cholesterol)					
HDL (good cholesterol)					
Triglycerides (bad cholesterol)					
Total cholesterol					
Blood pressure					

Complete the numbers in the “goal” column with your healthcare professional.

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Visits to my Diabetes Care Team

Date of Visit	Care Team Member	Comments	Medication Updates

Important Yearly Checkups

Who or What?	Date of Visit	Comments	Follow-ups
Foot check			
Eye check			
Dentist			
Vaccines			
Other:			

Recent Hospitalizations

When?	Reason

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