

# Keep Track of Important Information

## Exams, Tests, and Vaccinations Wallet Card (cut around dotted line and fold in half)

| Exams, Tests, and Vaccinations                           | Date Done | Date Done | Date Done | Date Done | Date Done | Date Done | Date Done |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>A1C</b> (every 3–6 months)                            |           |           |           |           |           |           |           |
| <b>Blood Pressure</b> (every doctor visit)               |           |           |           |           |           |           |           |
| <b>Cholesterol/Blood Lipids</b> (once a year)            |           |           |           |           |           |           |           |
| <b>Foot Exam</b> (every time you visit your doctor)      |           |           |           |           |           |           |           |
| <b>Flu Shot</b> (once a year*)                           |           |           |           |           |           |           |           |
| <b>Pneumonia shot</b> (at least once, then as directed*) |           |           |           |           |           |           |           |

It's a good idea to keep track of all of your exams, tests, and vaccinations by writing down the date that you had your last exam, test, or vaccination. Also, you can keep track of all of your providers' contact information by keeping a list of their phone numbers. Wallet cards for both are provided for you here. Fill in and update all of the information to keep with you at all times to refer to.

\*Ask your doctor which vaccinations would help you.

## Provider Contact Information Wallet Card (cut around dotted line and fold in half)

**Provider Contact Information**

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**Primary Care Provider:** \_\_\_\_\_

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

**Registered Dietitian:** \_\_\_\_\_

**Diabetes Educator:** \_\_\_\_\_

**Health Psychologist or Social Worker:** \_\_\_\_\_

**Pharmacist:** \_\_\_\_\_

**Ophthalmologist:** \_\_\_\_\_

**Optometrist:** \_\_\_\_\_

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

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