

MY DIABETES PASSPORT

My Name:

Phone:

Take this passport to every appointment
and use it with your health care team
to help manage your diabetes

Stand up to Diabetes

MY DIABETES CARE TEAM

Family Doctor:	Phone
Nurse Practitioner:	Phone
Specialist:	Phone
Specialist:	Phone
Diabetes Education Program:	Phone
Nurse:	Phone
Dietitian:	Phone
Ophthalmologist/Optomtrist:	Phone
Pharmacy:	Phone
Other:	Phone
Other:	Phone

MY DIABETES TESTS

How Often [†]	Every 3-6 months	Once a year	Every 1-3 years	Once a year	Once a year	Every diabetes appointment	As needed	Every 1-2 years	Once a year
Date	A1C (Blood Sugar Test)	LDL-C (‘Bad’ Cholesterol)	TC/HDL-C Ratio (Cardiovascular Risk Measure)	Kidney Function Test		Blood Pressure	Weight	Retinal Eye Exam (Dilated)	Foot Exam
				ACR	eGFR				
Target Level [‡]	≤7.0%	≤2.0 mmol/L	<4.0	M: <2.0 mg/mmol F: <2.0 mg/mmol	>60 mL/min	<130/80 mmHg	–	–	–
My Goal									
Date									
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Date									
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Date									

[†] More often if needed upon consultation with your doctor

[‡] For more information, please refer to the Canadian Diabetes Association 2013 Clinical Practice Guidelines

≤ : less than or equal to < : less than > : greater than

FOR MORE INFORMATION

Visit the Stand up to Diabetes website at ontario.ca/diabetes to download “**My Diabetes Passport**” in various languages.

On this website, you will also find the “**Diabetes and You**” tool kit, which contains simple, clear information to help you learn about diabetes management.

The resources below can also help you stay healthy and manage your diabetes:

Stand up to Diabetes
ontario.ca/diabetes

EatRight Ontario
eatrightontario.ca
1-877-510-510-2

Telehealth Ontario
1-866-797-0000

Canadian Diabetes Association
diabetes.ca

Canada’s Food Guide
hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php

Information on Food Labels
healthyeatingisinstore.ca

MY GOAL

My Goal:

Target Date:

Difficulties in meeting this goal:

My plan to overcome difficulties (resources/people who can support me):

Confidence in meeting my goal:



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