

PURPOSE OF MY DIABETES VITAL SIGNS PASSPORT

This passport identifies important details regarding diabetes management to keep you healthy. The information outlines the different checks and tests that should be completed at reviews and the target results.

The passport also promotes empowerment amongst those who use it and helps to co-ordinate care between you as the patient and the many healthcare professionals you see.



For more information,
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(WhatsApp text only)



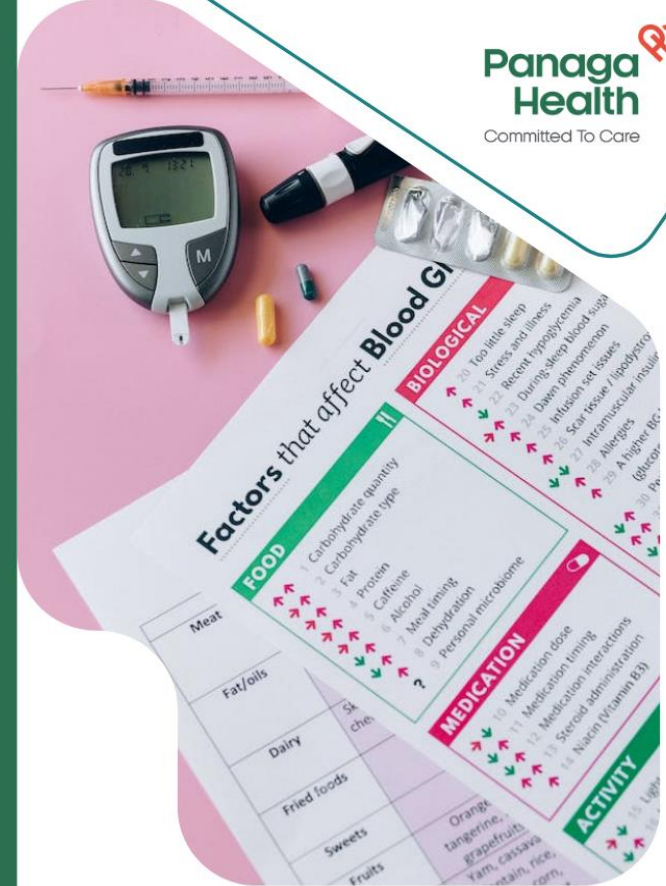
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My Diabetes Vital Signs Passport

Patient Details

FULL NAME: _____

DATE OF BIRTH: _____

ABCDESS of Diabetes Monitoring

Test & Targets	DATE:	DATE:	DATE:
A 1c less than 7% or personalized target of _____%			
B lood Pressure (less than 130/80 mmHg)			
C holesterol (LDL less than 2.6 mmol/L, Triglycerides \leq 1.7, HDL: males >1.0, females >1.2)			
D rugs for decreasing heart disease risk (if applicable) <ul style="list-style-type: none"> • ACE/ARB • Statin • ASA • SGLT2i 	Prescribed <input type="checkbox"/> Taking <input type="checkbox"/> Recommended <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Prescribed <input type="checkbox"/> Taking <input type="checkbox"/> Recommended <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Prescribed <input type="checkbox"/> Taking <input type="checkbox"/> Recommended <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
E xercise goals 150 to 300 minutes of moderate intensity activity or 75 - 150 minutes of vigorous intensity activity/week			
H ealthy E ating			
S moking Cessation (if applicable)			
S creening Heart: ECG every 3-5 years Eyes: eye exam every 1-2 years Feet: yearly foot exam Kidney: yearly blood/urine test Lipohypertrophy Check (if on insulin therapy)	Date Last Completed: _____ _____ _____ _____ _____ _____	Date Last Completed: _____ _____ _____ _____ _____ _____	Date Last Completed: _____ _____ _____ _____ _____ _____
S elf-Monitoring Glucometer Weight BMI (\geq 25=overweight, \geq 30=Obesity, \geq 35=morbid obesity)			