

Talking with a Health Care Professional:

Understanding My Type 2 Diabetes Risk

Bring this sheet to your appointment and discuss the following questions.



Your Health Targets

- What should my A1C goal be?

- What should my blood glucose (blood sugar) goal be?

- What other numbers from my blood work should we review together?

- How often should I have my numbers checked (A1C, blood pressure, UACR, eGFR, cholesterol, BMI)?



Your Risk for Heart Attack or Stroke

- Am I at risk of heart attack or stroke?

- If yes, what else contributes to my risk?

- What can I do to prevent a heart attack or stroke?

- Is this something I should be concerned about now?



Managing Diabetes

Ask about lifestyle changes and goals that could lower your risk for other complications of type 2 diabetes.

- Do I need to lose weight, and if so, how much?

- What steps should I take to create an eating plan?

- What should I be doing to stay physically active (what types, how often and how long)?

- What can I do to stop drinking and smoking/using nicotine?

- How much sleep should I get every night?

- What can I do to reduce my stress?

- Is there anything else I can do or resources I can use that would help manage my diabetes?

- Do I need a referral for a diabetes self-management education and support (DSMES) program?

Next appointment date: _____

Talking with a Health Care Professional: **Type 2 Diabetes Medications**

Bring this sheet to your appointment and discuss the following questions.



Medications

- Do you think medications will be right or helpful for me?

- How long will I need to take my medication(s)?

- How will we know if my medication(s) are working?

- Will the medication(s) be enough to lower my risk for complications?

- What if my medication is not available at the pharmacy or what if I run out? Who do I contact?

- What are the side effects of the medication(s) I'm taking?

- Are there food, dietary/herbal supplements, or other medications I should avoid when taking my prescribed medication(s)?

- How can I learn more about my medication(s)?

- Are there any cost-assistance programs available for my medication(s)? (If cost is a concern.)



Other Topics or Changes

- Do we need to discuss anything else or change anything else about my treatment plan??

Next appointment date: _____

Medication Chart

Name _____ Date _____

Include all medicines prescribed by any health care professional and any supplements that you are taking on a daily and as needed basis.

Name of Medication	Color	What's It For	Dose	How Often and What Time	Prescribing Doctor	Pharmacy Number	Special Instructions	Refill Date
<i>Example: Lisinopril</i>	<i>pink</i>	<i>heart failure</i>	<i>1 pill (5mg)</i>	<i>once a day</i>	<i>Dr. Jones</i>	<i>650-555-1234</i>	<i>take before or after a meal</i>	<i>5/1/22</i>

Allergies to medicine and food _____