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: ____________________________

Learn more at KnowDiabetesbyHeart.org

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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?

Other Topics or Changes

- 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.)

Next appointment date: ______________________

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# Medication Chart

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

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

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**Allergies to medicine and food**