

Iowa Diabetes & Endocrinology Center  
Health Tracker

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**HISTORY**

Changes in YOUR health since last OV? \_\_\_\_\_

Significant changes in family medical history? \_\_\_\_\_

Do you see any specialists regularly? \_\_\_\_\_

Do you smoke/use tobacco products? **Yes** No      Do you take daily aspirin? Yes **No**

Are you considering PREGNANCY? **Yes** No      Do you need refills today? **Yes** No  
(females only)

**BLOOD SUGARS**

How often are you testing your blood sugars? \_\_\_\_\_

**PLEASE COMPLETE 14 DAY BLOOD SUGAR LOG ON BACK OF THIS SHEET**

\*\*\*OR\*\*\*

Describe the RANGES of your blood sugar below (example: 100 to 150 before lunch)

\_\_\_\_\_ to \_\_\_\_\_ Before Breakfast

\_\_\_\_\_ to \_\_\_\_\_ Bedtime

\_\_\_\_\_ to \_\_\_\_\_ Before Lunch

\_\_\_\_\_ to \_\_\_\_\_ After Meals

\_\_\_\_\_ to \_\_\_\_\_ Before Dinner

\_\_\_\_\_ to \_\_\_\_\_ Other

How often do you have LOW blood sugars? \_\_\_\_\_ /per week      When? \_\_\_\_\_

**DIET AND ACTIVITY**

Rate your diet: Good Fair Poor Describe diet: \_\_\_\_\_

How often do you exercise? \_\_\_\_\_ What type? \_\_\_\_\_

**REVIEW OF SYSTEMS**

Please mark any symptoms you have experienced within last month:

\_\_\_ Chest Pain

\_\_\_ Shortness of breath

\_\_\_ Wheezing

\_\_\_ Fast/irregular heart beat

\_\_\_ Swelling in legs/ankles

\_\_\_ Snoring

\_\_\_ Fainting

\_\_\_ Cough

\_\_\_ Numbness/tingling in feet

Date of last eye exam? \_\_\_\_\_

Date of last foot exam? \_\_\_\_\_

# 14 day Blood Glucose Log

Date	Before Breakfast	After Breakfast	Before Lunch	After Lunch	Before Dinner	After Dinner	Bedtime	Night	Comments

## Insulin Pump Workseet

(Complete only if you wear an insulin pump)

### My Current Basal Rates:

Basal Rate	Time	Units/Hr
Rate 1	12:00am	
Rate 2		
Rate 3		
Rate 4		
Rate 5		
Rate 6		
Rate 7		
Rate 8		
Rate 9		

### My Insulin to Carb Ratios (ICR):

Breakfast: 1 unit for: \_\_\_ grams carb

Lunch: 1 unit for: \_\_\_ grams carb

Dinner: 1 unit for: \_\_\_ grams carb

### Insulin Sensitivity Factor (ISF):

1 unit of insulin will lower my blood glucose

\_\_\_ mg/dL in daytime

\_\_\_ mg/dL in nighttime

### Blood Glucose Target Ranges:

\_\_\_ to \_\_\_ md/dL

Avg Total Daily Dose of Insulin: \_\_\_\_\_

Active Insulin On Board: \_\_\_\_\_ hours