

Name _____
Date _____
Medications: _____
Drug _____ Dose _____ Frequency _____ For _____

Allergies: _____

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Date _____
Medications: _____
Drug _____ Dose _____ Frequency _____ For _____

Allergies: _____

DIABETES



Emergency Treatment
Information Card

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Emergency Treatment
Information Card

I HAVE DIABETES

I am not intoxicated. If I am unconscious or my behavior is peculiar, I may be having a reaction associated with diabetes or its treatment.

Emergency Treatment

If I am able to swallow, give me sugar in some form - candy, syrup or beverages that contain sugar (orange juice, cola, etc). Call 911 or a doctor or emergency hospital at _____

CONTACT PHONE NUMBERS:

HealthCare Provider:

Name _____

Phone _____

Diabetes Educator:

Name _____

Phone _____

Family/Personal Contact:

Name _____

Phone _____

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Tests	How Often?	My Goal
A1c (average glucose)	Quarterly to Annually	
Blood Pressure	Each Routine Visit	
Cholesterol (LDL)	Annually	

* An A1c of 7 equals an average blood glucose of 170

Your target A1C is: _____
(average blood glucose of _____)

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