





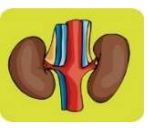




	KNOW YOUR NUMBERS	YOUR GOAL	YOUR LAST RESULT - DATE	YOUR LAST RESULT - DATE	YOUR LAST RESULT - DATE	YOUR LAST RESULT - DATE
	A1C	Less than 7.0				
	BMI 18.5-24.9 Healthy 25-29.9 Overweight Over 30 Obese	Currently _____				
	TOTAL Cholesterol	Less than 200mg/dl				
	LDL Cholesterol	Less than 100mg/dl				
	HDL Cholesterol	Greater than 40 - men 50 - women				
	Triglycerides	Less than 150mg/dl				
	Kidneys (Microalbumin)	Less than 300mg/dl				
	BLOOD PRESSURE	Less than 140/80				
	EYES	Annual Dilated Exam				
	FEET	Annual Exam				
	DENTIST	Exam every 6 months				
	FLU SHOT	Anually				
	PNEUMONIA VACCINE	Check with you doctor				