**Annual Diabetes Labs**

**Lipid Panel** – This looks at the different types of cholesterol or fat level in the blood. High levels can contribute risk for heart disease and stroke. We do not usually obtain fasting levels (nothing to eat within the last 8-12 hours) unless previous levels have been significantly elevated.

* Total Cholesterol= the sum of the different types of cholesterol
* HDL- High Density Lipoprotein= “good cholesterol”. Carries cholesterol to the liver to be eliminated.
* LDL-Low Density Lipoprotein= “bad cholesterol”. Clogs arteries and increases risk for heart disease.
* Triglycerides-can clog vessels over time.

**Vitamin D** –Important forstrong bones and supports a healthy immune system. Foods rich on vitamin D include fish (sardines, salmon tuna), egg yolks, vitamin D-fortified milk, vitamin D-fortified orange juice, cereals, yogurt and cheese. Supplements come in chewable and pill form and can found over-the-counter.

**Kidney Function** – Urine sample testing the microalbumin (protein) and creatinine. Large amounts of protein in the urine could indicate early kidney damage. Ratio of Microalbumin/creatinine should be less than 30. If levels are greater, then we will request a first morning urine sample to be collected and tested. If levels remain elevated, then we refer to a Nephrologist (kidney specialist).

**Other Autoimmune Disorders** – Autoimmune is when the body turns against itself. The immune system mistakenly attacks and destroys body tissue. People with Type 1 Diabetes have an increased risk of developing another autoimmune disorder.

**Thyroid Function** – TSH, FT4, and thyroid antibodies. The thyroid is a gland in the lower front of the neck. The thyroid gland helps control heart rate, metabolism, temperature control. Thyroid disorders include hypothyroid (underactive) and hyperthyroid (over active). Hypothyroid is more common. Approximately 30 % of patients with diabetes will develop thyroid disorder over their lifetime.

**Celiac** – Celiac Disease is an autoimmune disease that damages the villi of the small intestine. This interferes with the body’s ability to absorb nutrients into the bloodstream and can cause malnourishment. When people with celiac disease eat foods containing gluten (found in wheat, barley and rye), their immune system responds by damaging the finger-like villi of the small intestine. We screen with a blood test (tissue transglutaminase), and if levels are found elevated, then we refer to Gastroenterology. Some people experience no symptoms with Celiac, while others may have abdominal pain, gas, and diarrhea. Approximately 10% of patients with Type 1 Diabetes will develop Celiac Disease.

**Yearly tests not provided at our office**:

Ophthalmologist – Doctor that specializes in eye disease that can perform a dilated “diabetic” eye exam. This screens for retinopathy which is small changes to the blood vessels in the back of the eye. These changes can occur over time due to poor blood sugar control.

**My Diabetes History:**

Type of Diabetes: Type 1 Type 2

Date of Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Pediatric Endocrinologist is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hemoglobin A1C History:

|  |  |
| --- | --- |
| **Date** | **Result** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

My Glucose Meter is a: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_

I check my blood sugar \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ times per day

**My insulin:**

Conventional Therapy: NPH Regular 70/30 75/25 50/50

\_\_\_\_\_\_\_\_\_\_\_\_Units at Breakfast \_\_\_\_\_\_\_\_\_\_\_\_ Units at Dinner

Lantus Levemir \_\_\_\_\_\_\_\_\_ units at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(time taken)

Humalog Novolog Apidra

Target Blood Sugar: \_\_\_\_\_\_\_\_\_\_\_ Correction Factor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Carbohydrate Ratio(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I take my insulin with: vial/syringe pen pump: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Basal Rates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ sets used: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Medications I take:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Dose** | **Time of Day Taken** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**My Medical History:**

|  |  |  |
| --- | --- | --- |
|  | **Yes or No** | **Details** |
| Recent DKA |  |  |
| High Blood Pressure |  |  |
| Kidney Problems |  |  |
| Nerve Damage |  |  |
| Eye Problems |  |  |
| Recurrent Infection |  |  |
| Celiac Disease |  |  |
| Thyroid Problems |  |  |
| High Cholesterol |  |  |
| Vitamin D Deficiency |  |  |
| Mental Health |  |  |
|  |  |  |
|  |  |  |