



**Immer alles
im Blick**

Ihr Diabetespass.

DAK
Gesundheit
Ein Leben lang.

Gesund bleiben trotz Diabetes!

Notieren Sie die Termine für wichtige Arztbesuche gleich in Ihrem Kalender:

- ein bis zweimal im Jahr eine Augenuntersuchung*
- mindestens einmal im Jahr eine ärztliche Inspektion der Füße und Schuhe
- mehrmals im Jahr Blutdruck messen lassen

* Information zum Umfang der Untersuchungen im Rahmen des DAK-Gesundheitsprogrammes (DMP) erhalten Sie von Ihrem Arzt.

Haben Sie Fragen zu Ihrer Diabeteserkrankung?

Telefonische Beratung rund um die Uhr an 365 Tagen:

DAK DMP-Hotline 040 325 325 940 zum Ortstarif

Liebes Mitglied,

zu einem gesunden und aktiven Leben gehört die richtige Einstellung. Gerade bei Diabetes! Denn für eine gute und erfolgreiche Behandlung ist die regelmäßige Überprüfung Ihrer Werte das A und O.

Mit diesem Diabetespass möchten wir Sie beim Selbstmanagement Ihres Diabetes unterstützen. Als eine Art Tagebuch hilft er Ihnen bei den täglichen Messungen Ihrer Blutzuckerwerte. So erhalten Sie und auch Ihr behandelnder Arzt eine wertvolle Dokumentation Ihres bisherigen Krankheitsverlaufs sowie einen Hinweis auf Ihren aktuellen Gesundheitszustand.

Diabetes ist Einstellungssache. Führen Sie Ihren Diabetespass daher genau und regelmäßig. Damit kann neben der kontinuierlichen ärztlichen Betreuung ein kleiner aber bedeutender Beitrag geleistet werden für Ihre gesunde Balance.

Für Ihre Gesundheit wünschen wir Ihnen alles Gute.

Ihre
DAK-Gesundheit

Persönliche Daten

Name _____
Anschrift _____
Telefon/Fax _____
Mobil _____
E-Mail _____

Mein Hausarzt

Anschrift _____
Telefon/Fax _____
Mobil _____

Mein Diabetologe

Anschrift _____
Telefon/Fax _____
Mobil _____

In Notfällen informieren Sie bitte

Name _____
Anschrift _____
Telefon/Fax _____
Mobil _____

Wichtige Informationen

Geburtsdatum _____ Geschlecht w m
Körpergröße _____ cm
Diabetiker/in seit _____
Diabetes-Typ 1 2 sonstige

Therapie

Diät seit _____
orale Antidiabetika seit _____ Name _____
Insulin seit _____ Name _____

Besondere Probleme/bereits eingetretene Folgeerkrankungen

_____ seit _____
_____ seit _____
_____ seit _____
_____ seit _____
_____ seit _____
_____ seit _____

Weitere wichtige Medikamente, die regelmäßig eingenommen werden müssen

Jahr _____

Datum im Format (Tag/Monat) eintragen

Quartalsweise/halbjährliche Untersuchungen

(Unzutreffendes bitte streichen)

Körpergewicht _____ kg
 Blutdruck _____ / _____
 Blutzucker (nüchtern/postprandial) _____ / _____
 HbA_{1c} _____

I. Quartal /

II. Quartal /

III. Quartal /

IV. Quartal /

Wohlbefinden und Ereignisse

persönliches Wohlbefinden (in Schulnoten 1 bis 6)
 bei Rauchern: Anzahl der rauchfreien Tage/Woche(n)
 schwere Hypoglykämien
 Krankheitstage
 Krankenhaustage

I. Quartal /

II. Quartal /

III. Quartal /

IV. Quartal /

Quartalsweise/halbjährliche Untersuchungen

(Unzutreffendes bitte streichen)

Blutdruck _____
 HbA_{1c} _____

Jährliche Untersuchungen

(ggf. auch häufiger)

Cholesterin _____
 HDL-/LDL-Cholesterin _____ / _____
 Triglyceride nüchtern _____
 Mikro-/Makroalbumin _____
 Kreatinin im Serum _____
 Augenbefund _____

I. Quartal /

II. Quartal /

III. Quartal /

IV. Quartal /

körperliche Untersuchungen (inkl. Gefäße)
 periphere und/oder autonome Neuropathien
 besondere Befunde apparativer Untersuchungen

Fußinspektion

Neuropathien _____
 Pulse _____
 Schuhwerk _____

Jährliche Ziele

Körpergewicht _____ kg
 Cholesterin < _____
 Triglyceride nüchtern < _____

Blutzucker _____
 HDL-/LDL-Cholesterin _____
 Mikro-/Makroalbumin _____

von _____ bis _____
 > _____ / < _____
 < _____

Kreatinin im Serum _____
 Nichtraucher _____
 Blutdruck _____

Ihre Blutzuckerwerte

Jahr _____ Monat _____

| Datum | vormittags (6–12 Uhr) | | mittags (12–14 Uhr) | | nachmittags (14–17 Uhr) | |
|-------|--------------------------|----------------|------------------------|----------------|----------------------------|----------------|
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Glukosekonzentration im Blut (mg/dl) oder (mmol/l) *(bitte ankreuzen)*

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Ihre Blutzuckerwerte

Jahr _____ Monat _____

| Datum | vormittags (6–12 Uhr) | | mittags (12–14 Uhr) | | nachmittags (14–17 Uhr) | |
|-------|--------------------------|----------------|------------------------|----------------|----------------------------|----------------|
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Glukosekonzentration im Blut (mg/dl) oder (mmol/l) *(bitte ankreuzen)*

| Datum | abends (17–24 Uhr) | | nachts (24–06 Uhr) | | Bemerkung |
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Ihre Blutzuckerwerte

Jahr _____ Monat _____

| Datum | vormittags (6–12 Uhr) | | mittags (12–14 Uhr) | | nachmittags (14–17 Uhr) | |
|-------|--------------------------|----------------|------------------------|----------------|----------------------------|----------------|
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Glukosekonzentration im Blut (mg/dl) oder (mmol/l) *(bitte ankreuzen)*

| Datum | abends (17–24 Uhr) | | nachts (24–06 Uhr) | | Bemerkung |
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Ihre Blutzuckerwerte

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| Datum | vormittags (6–12 Uhr) | | mittags (12–14 Uhr) | | nachmittags (14–17 Uhr) | |
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Glukosekonzentration im Blut (mg/dl) oder (mmol/l) *(bitte ankreuzen)*

| Datum | abends (17–24 Uhr) | | nachts (24–06 Uhr) | | Bemerkung |
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Ihre Blutzuckerwerte

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Glukosekonzentration im Blut (mg/dl) oder (mmol/l) *(bitte ankreuzen)*

| Datum | abends (17–24 Uhr) | | nachts (24–06 Uhr) | | Bemerkung |
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Ihre Blutzuckerwerte

Jahr _____ Monat _____

| Datum | vormittags (6–12 Uhr) | | mittags (12–14 Uhr) | | nachmittags (14–17 Uhr) | |
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Glukosekonzentration im Blut (mg/dl) oder (mmol/l) *(bitte ankreuzen)*

| Datum | abends (17–24 Uhr) | | nachts (24–06 Uhr) | | Bemerkung |
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Ihre Blutzuckerwerte

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| Datum | vormittags (6–12 Uhr) | | mittags (12–14 Uhr) | | nachmittags (14–17 Uhr) | |
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Glukosekonzentration im Blut (mg/dl) oder (mmol/l) *(bitte ankreuzen)*

| Datum | abends (17–24 Uhr) | | nachts (24–06 Uhr) | | Bemerkung |
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Ihre Blutzuckerwerte

Jahr _____ Monat _____

| Datum | vormittags (6–12 Uhr) | | mittags (12–14 Uhr) | | nachmittags (14–17 Uhr) | |
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Glukosekonzentration im Blut (mg/dl) oder (mmol/l) *(bitte ankreuzen)*

| Datum | abends (17–24 Uhr) | | nachts (24–06 Uhr) | | Bemerkung |
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Ihre Blutzuckerwerte

Jahr _____ Monat _____

| Datum | vormittags (6–12 Uhr) | | mittags (12–14 Uhr) | | nachmittags (14–17 Uhr) | |
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Glukosekonzentration im Blut (mg/dl) oder (mmol/l) *(bitte ankreuzen)*

| Datum | abends (17–24 Uhr) | | nachts (24–06 Uhr) | | Bemerkung |
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Ihre Blutzuckerwerte

Jahr _____ Monat _____

| Datum | vormittags (6–12 Uhr) | | mittags (12–14 Uhr) | | nachmittags (14–17 Uhr) | |
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Glukosekonzentration im Blut (mg/dl) oder (mmol/l) *(bitte ankreuzen)*

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Ihre Blutzuckerwerte

Jahr _____ Monat _____

| Datum | vormittags (6–12 Uhr) | | mittags (12–14 Uhr) | | nachmittags (14–17 Uhr) | |
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Glukosekonzentration im Blut (mg/dl) oder (mmol/l) *(bitte ankreuzen)*

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Ihre Blutzuckerwerte

Jahr _____ Monat _____

| Datum | vormittags (6–12 Uhr) | | mittags (12–14 Uhr) | | nachmittags (14–17 Uhr) | |
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Glukosekonzentration im Blut (mg/dl) oder (mmol/l) *(bitte ankreuzen)*

| Datum | abends (17–24 Uhr) | | nachts (24–06 Uhr) | | Bemerkung |
|-------|-----------------------|----------------|-----------------------|----------------|-----------|
| | v. d. Essen | n. d. Essen | v. d. Essen | n. d. Essen | |
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