

PATIENT LAB RESULTS SHEET

Patient Name _____ Date _____

Diabetes Prevention	Your Results	Desirable Levels
Fasting Glucose		90-130 mg/dL
HbA1c		< 7% < 6% on individual basis
Total Cholesterol		< 200 mg/dL
Triglycerides		< 150 mg/dL
HDL ("good")		≥ 40 mg/dL Consider ≥ 50 mg/dL women
LDL ("bad")		< 100 mg/dL < 70 mg/dL (optional w/ heart disease)
Non-HDL Cholesterol		30 points higher than LDL goal
Creatinine (kidney)		< 1.2 mg/dL
GFR		>60 mL/min/1.73 m ²
Albumin/Creatinine Ratio (urine)		< 30 µg/mg
Potassium		3.5-5.0 mEq/L
ALT (liver)		< 60 U/L
TSH (thyroid)		0.40 - 40uIU/mL
Hematocrit (red blood concentration)		35-47%
Blood Pressure Systolic ("top number")		< 130 mmHg
Diastolic ("bottom number")		< 80 mmHg
Pulse		< 100
Weight kg / Weight lbs	/	_____
Body Mass Index [weight (kg) ÷ height ² (m)]		< 25 kg/m ² or _____
Exercise		If able, 150 min/wk moderate exercise over 3-7 days/wk
Smoking		Complete cessation
Ophthalmologist Dilated Eye Exam		Annual exam
Comprehensive Foot Exam		Annual - more frequent if symptoms or problems
Dentist		Annually - cleaning 2x/yr
Influenza /Pneumonia Vaccinations		Annually/once (may repeat under certain circumstances)