Foot care for people with diabetes

People with diabetes have to take special care of their feet. You should have a comprehensive foot exam by your doctor every year. Have your feet examined during every visit if you have problems with your feet, like loss of feeling, changes in the shape of your feet, or foot ulcers. This page shows some more things you can do on your own every day to keep your feet healthy.

- **Wash your feet** in warm water every day. Test the water with your elbow to make sure that it is not too hot.
- **Dry your feet well**, especially between the toes.
- **Keep the skin soft** with a moisturizing lotion, but do not apply it between the toes.
- **Inspect your feet every day** for cuts, sores, blisters, redness, calluses, or other problems. If you cannot see well, ask someone else to check your feet for you. Report any changes in your feet to your diabetes care team right away.
- **Ask your diabetes care team or your podiatrist (foot specialist)** how you should care for your toenails. If you want to have a pedicure, talk with your team about whether it is safe for you.
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To avoid blisters, always wear clean, soft socks that fit you. Do not wear socks or knee-high stockings that are too tight below your knee.

Always wear shoes that fit well. Break them in slowly.

To avoid injuring your feet, never walk barefoot indoors or outdoors.

Before putting your shoes on, feel the insides for sharp edges, cracks, pebbles, nails, or anything that could hurt your feet. Let your diabetes care team know right away if you injure your foot.
Enroll today to get FREE, personalized diabetes support with Cornerstones4Care®.

**Support and diabetes management tools built around you.**

- Diabetes Health Coach: An online program that builds a customized action plan around your needs to help you learn healthy habits.
- Interactive Trackers: Record A1C, weight, and blood sugar numbers.

**Enrolling is easy. Just complete this form.**

All fields with asterisks (*) are REQUIRED.

* I have diabetes [ ] or I care for someone who has diabetes [ ]  
* First name _______________  Last name _______________  MI _____  
* Address 1 ____________________________________________  
  Address 2 ____________________________________________  
* City ___________________  State _______________________  
* ZIP ____________  Email ____________________________  
* Birth date mm/dd/yyyy / / /  
* What type of diabetes do you or the person you care for have? (Check one)  
  [ ] Type 2  [ ] Type 1  [ ] Don’t know  
* What type of diabetes medicine has been prescribed? (Check all that apply)  
  [ ] Insulin  [ ] GLP-1 medicine  
  [ ] None  [ ] Other  
  [ ] Diabetes pills (also called oral antidiabetic drugs, or OADs)  
* If you checked “Insulin,” “GLP-1 medicine,” or “Other,” please fill in the following for each:  
  Product 1: ____________________________________________  
  How long has this product been taken?  
  [ ] Prescribed but not taken  [ ] 7-12 months  
  [ ] 0-3 months  [ ] 1-3 years  
  [ ] 4-6 months  [ ] 3 or more years  
  Product 2: ____________________________________________  
  How long has this product been taken?  
  [ ] Prescribed but not taken  [ ] 7-12 months  
  [ ] 0-3 months  [ ] 1-3 years  
  [ ] 4-6 months  [ ] 3 or more years  

**Review and complete below.**

* Phone number: (______) _______ – ________  
* Cell phone number: (______) _______ – ________  

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By signing and dating below, I consent that the information I am providing may be used by Novo Nordisk, its affiliates or vendors to keep me informed about products, patient support services, special offers, or other opportunities that may be of interest to me via mail and email. Novo Nordisk may also combine the information I provide with information about me from third parties to better match these offers with my interests. These materials may contain information that market or advertise Novo Nordisk products, goods, or services.

[ ] Yes, I’d like to be contacted by Novo Nordisk via phone calls and text messages at the phone numbers I have provided.  

By checking this box, and signing and dating below, I authorize Novo Nordisk to use auto-dialers, prerecorded messages, and artificial voice messages to contact me. I understand that these calls and text messages may market or advertise Novo Nordisk products, goods, or services. I understand that I am not required to consent to being contacted by phone or text message as a condition of any purchase of goods or services.

I may opt out at any time by clicking the unsubscribe link within any email I receive, by calling 1.877.744.2579, or by sending a letter with my request to Novo Nordisk Inc., 800 Scudders Mill Road, Plainsboro, New Jersey 08536.

By providing my information to Novo Nordisk and signing and dating below, I certify I am at least eighteen (18) years of age and agree to the terms above.

* Signature (required) ________________________________  
* Date (required) __________________ mm/dd/yyyy  

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3 easy ways to enroll:  
1. Fax the completed form to 1-866-549-2016  
2. Email the completed form to C4Csignup@hartehanks.com  
3. Call 1-888-825-1518 and follow the voice prompts