Check up clinic visits

Families to Bring to Clinic Completed.

Please complete the following information about your blood sugar levels and your pump settings

14 day Blood Sugar Averages:
***Please remember to also bring your logbook and blood sugar meter with you***

<table>
<thead>
<tr>
<th>Breakfast</th>
<th>Snack</th>
<th>Lunch</th>
<th>Snack</th>
<th>Dinner</th>
<th>Snack</th>
<th>Night</th>
<th>Night</th>
</tr>
</thead>
</table>

Basal Rates:

Start time
1. 12 MN  __________ u/hr
2.       __________ u/hr
3.       __________ u/hr
4.       __________ u/hr
5.       __________ u/hr
6.       __________ u/hr
7.       __________ u/hr

Total Daily Basal from pump:
_________ units

Insulin to carb ratios:

Start time
1. 12 MN  __________ grams
2.       __________ grams
3.       __________ grams
4.       __________ grams
5.       __________ grams

Average: __________ units

Correction/Sensitivity:

Start time
1. 12 MN  1 unit per __________ mg/dl
2.       1 unit per __________ mg/dl
3.       1 unit per __________ mg/dl

BG targets/target range settings:

(Animas pumps)  (Omnipod Pumps)

Start time
1. 12 MN  __________ mg/dl  +/- __________  _____ (_____
2.       __________ mg/dl  +/- __________  _____ (_____
3.       __________ mg/dl  +/- __________  _____ (_____

Insulin Time Action/Insulin-On-Board Duration: __________ hr.

Please Turn Over
Your questions/concerns today:
____________________________________________________________________
____________________________________________________________________
Is there anything you feel needs improvement in your diabetes management?
____________________________________________________________________
____________________________________________________________________
Since your last visit have there been changes in your child’s health history?
(Please list any illnesses, injuries, hospitalizations, severe low blood sugars, DKA episodes, etc.)

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. _______________________________</td>
<td>4. ________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. _______________________________</td>
<td>5. ________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. _______________________________</td>
<td>6. ________________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you need Prescriptions refilled at this visit?  YES / NO
☐ Walk in Pharmacy- 30 day supply with 1 year refill
☐ Mail Order Prescription – 90 day supply with 1 year refill

Name of Pharmacy: ________________________  Address/Location: ________________________

Please list current Diabetes medications and supplies:
☐ Humalog (KwikPen) // (Luxura HD Cartridge) // (Vial)
☐ Novolog (FlexPen) // (NovoPen Jr. Cartridge) // (Vial)
☐ Lantus (SoloStar Pen) // (Vial)
☐ Leveimir (FlexPen) // (Vial)
☐ Syringes (type) length
☐ Pen needles (type) length
☐ Strips for meter (type)
☐ Lancets (type)
☐ Ketone Strips
☐ Glucagon

***Prescriptions are generally written with 1 year of refills. We prefer to give you prescriptions while you are here. Due to the volume of patients we service, there may be a delay in renewing your prescriptions over the phone.***

Please let us know of any support systems or support groups you have to help with your diabetes self management:
(Examples include: Read diabetes magazine, attend support group, have grandparents help with cares, etc.)
____________________________________________________________________
____________________________________________________________________

(Please note: This section is included as information for the diabetes clinic to help us better serve you. It is a part of programs that are recognized by the American Diabetes Association)

Coping:
☐ Do you have trouble with injections or finger pokes? If so what?
  ☐ Leaking ☐ Lumps ☐ Fear of shots/pokes ☐ Missing shots/pokes
☐ Do you have trouble sleeping?
☐ Do you have trouble working together as a family?
☐ Other issues with coping____________________________________________________

Do you need other forms today?
☐ School Health Plan or other form signed
☐ Family Medical Leave Papers signed
☐ Travel letter/Prescription/Information
☐ Camp form signed
☐ Other____________________________________________________