

DIABETES APPOINTMENT INFORMATION

Date: _____ Last eye appointment: _____

Name: _____ Last dental appointment: _____

Date of diabetes diagnosis: _____ Flu vaccine? Yes / No Date: _____

Type of **glucose meter**(s): _____ Do you wear **medical ID**? Yes / No

Have you attended **diabetes education classes**? Yes / No Date(s) when you attended classes and where: _____

Do you use a **continuous glucose sensor**? Yes / No Infusion/Injection sites: **PLEASE CIRCLE** arms/ legs/ abdomen/ buttocks/ other

Type(s) of insulin you use: **Humalog Novolog Apidra Lantus Levemir** Do you miss injections? Y/N

MDI (multiple daily injections)? Yes / No If yes, how much long-acting insulin (ex: Lantus/Levemir)? _____ units/day

Do you use: Pens _____ Syringes _____ Cartridges _____ Needle length: 4mm _____ 6mm _____ 8mm _____ 12.7mm _____

Pump? Yes / No When did you first start wearing a pump? _____ Type of pump: *Animas Minimed Omnipod Tandem Accucheck*

Insertion sets: *Inset Inset 30 Contact Detatch Quickset Sure T Silhouette Omnipod Mio Cleo Other* _____

Length **6mm** _____ **9mm** _____ **13mm** _____ **17mm** _____ Tubing length **23"** _____ **43"** _____ **Other** _____

For both Insulin Injections and Pumpers:

Insulin to Carbohydrate Ratios: Breakfast _____ Lunch _____ Dinner _____ Snacks _____ Other _____

Correction Factor/Insulin Sensitivity: _____ BG Target: _____

Low BG symptoms: _____ Specific treatment for lows: _____ Severe low BG? Y / N # of lows per week? _____

Do you have Glucagon? Y / N Do you test for ketones? Y / N When? _____

Other medication used: _____

Social History

School Name: _____ Grade: _____ How many days of school missed due to diabetes? _____

Do you exercise? Y / N What kind? _____ How often? _____

Any adjustments for activities: _____

Any special concerns today? _____

Do you drive? Y/N Do you test before driving? Y/N Do you smoke? Y/N Do you drink alcohol? Y/N Are you sexually active? Y/N

Diet History

Do you skip breakfast? Yes / No / Sometimes How many meals do you eat per day? _____

When do you bolus for carbohydrates eaten? Before meal After meal Both

Daily servings of fruit: 1 / 2 / 3 or more

Daily servings of vegetables: 1 / 2 / 3 or more

Daily servings of dairy products (milk, yogurt, cheese, etc.): 1 / 2 / 3 or more

What prescriptions do you need today? _____

Are you aware of Trial Net Research for Type 1 diabetes? Y / N