



Child's name: _____
Date of Birth: _____
Date of Visit: _____

Information to bring to Clinic Appointments:

Please complete the following worksheet so that you will be able to get the most out of your clinic appointment!

14 day Blood Sugar Averages:

Please remember to also bring your logbook and blood sugar meter with you

Breakfast	Snack	Lunch	Snack	Dinner	Snack	Night	Night

Insulin per carbohydrate ratio:

- Break: _____ unit(s) per _____ serving or grams of carbohydrate
- Snack: _____ unit(s) per _____ serving or grams of carbohydrate
- Lunch: _____ unit(s) per _____ serving or grams of carbohydrate
- Snack: _____ unit(s) per _____ serving or grams of carbohydrate
- Dinner: _____ unit(s) per _____ serving or grams of carbohydrate
- Snack: _____ unit(s) per _____ serving or grams of carbohydrate
- Night: _____ unit(s) per _____ serving or grams of carbohydrate

Target Blood Sugar Range: _____ to _____ mg/dl

Target Blood sugar number: _____ mg/dl (what number you subtract for correction)

Correction Factor: 1.0 unit (s) of insulin for every _____ mg/dl (what number you divide blood sugar by)

Insulin Dose:

Average/usual total insulin dose:

Insulin	Breakfast	Snack	Lunch	Snack	Dinner	Snack
Novolog/ Humalog						
Lantus/ Levimir						

*** If you use a dosing chart/grid to figure out your insulin doses – please bring to clinic visit***

What changes have you made since your last visit?

Your questions/concerns today:

Is there anything you feel needs improvement in your diabetes management?

Please Turn Over

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.)

<u>Event</u>	<u>Date</u>	<u>Event</u>	<u>Date</u>
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

Do you need Prescriptions refilled at this visit?

- Walk in Pharmacy- 30 day supply with 1 year refill
- Mail Order Prescription – 90 day supply with 1 year refill

Please list current *Diabetes* medications and supplies:

- | | |
|---|-------------------------------|
| <input type="checkbox"/> Humalog Form: <input type="checkbox"/> Pen ,type _____ | <input type="checkbox"/> Vial |
| <input type="checkbox"/> Novolog Form: <input type="checkbox"/> Pen ,type _____ | <input type="checkbox"/> Vial |
| <input type="checkbox"/> Lantus Form: <input type="checkbox"/> Pen ,type _____ | <input type="checkbox"/> Vial |
| <input type="checkbox"/> Levemir Form: <input type="checkbox"/> Pen ,type _____ | <input type="checkbox"/> Vial |
| <input type="checkbox"/> Strips for meter (type) _____ | |
| <input type="checkbox"/> Lancets (type) _____ | |
| <input type="checkbox"/> Syringes (type) _____ | |
| <input type="checkbox"/> Pen needles (type) _____ | |
| <input type="checkbox"/> Ketone Strips | |
| <input type="checkbox"/> 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 _____