

DIABETES new GLP-1 start

Patient Label

Referring Physician: _____

Date: _____

Medications			
<input type="checkbox"/> Victoza <input type="checkbox"/> Saxenda <input type="checkbox"/> Adlyxine <input type="checkbox"/> Trulicity <input type="checkbox"/> Ozempic <input type="checkbox"/> Other: _____			Previous use of GLP-1? Y N
Oral DM Medications to CONTINUE :			
Dose Adjustments:			
Oral DM Medications to DISCONTINUE :			
Insulin(s):		Dose Adjustment:	

Counseling Check List	
<input type="checkbox"/> Indication for GLP-1 (Target BG and A1C goals) <input type="checkbox"/> Mechanism of Action <input type="checkbox"/> SBGM (frequency and recording) <input type="checkbox"/> Appropriate titration if no s/e	Practice <input type="checkbox"/> Patient did not want to practice in clinic <input type="checkbox"/> Patient practiced injection: NO med delivered <input type="checkbox"/> Practiced actual injection: _____mg delivered
<input type="checkbox"/> Explain Symptoms <ul style="list-style-type: none"> <input type="checkbox"/> Very Common: nausea, diarrhea <input type="checkbox"/> Common: hypoglycemia, headache, vomiting, burping, indigestion, inflamed stomach, GERD, painful/swollen abdomen, constipation, flatulence <input type="checkbox"/> Advised to call clinic if persistent n/v	Handouts Provided <input type="checkbox"/> GLP-1 start instruction <input type="checkbox"/> Hypoglycemia <input type="checkbox"/> Injection Technique <input type="checkbox"/> Sharps
<input type="checkbox"/> Pen Review and priming <input type="checkbox"/> Site selection and rotation; injection technique <input type="checkbox"/> Changing needles/pen tips and sharps disposal <input type="checkbox"/> Temperature and Storage	<input type="checkbox"/> Need for further diabetes, dietary, therapeutic or lifestyle change education? Y N <input type="checkbox"/> GLP-1 samples provided? Y N

Notes

Follow Up			
Clinic:	<input type="checkbox"/> _____ Weeks	<input type="checkbox"/> _____ Months	<input type="checkbox"/> NONE
Phone/Email:	<input type="checkbox"/> _____ Days	<input type="checkbox"/> _____ Weeks	<input type="checkbox"/> PRN

Educator: _____

Date: _____