DIABETES new insulin start & insulin change

Patient Label

Referring Physician: _____

Date: _____

Insulin Prescription						
Type(s) of Insulin		Starting Dose	B:	L:	D:	HS:
			B:	L:	D:	HS:
Diabetes Meds to **CONTINUE**:						
Dose Adjustments						
Insulin to **CONTINUE**:						
Dose Adjustments						
Insulin to **DISCONTINUE**:						
Diabetes Meds to **DISCONTINUE**:						

Counselling Check List	
☐ Indication for insulin (BG and A1C goals)	☐ Injection technique
☐ Actions of Insulin	☐ Changing needles/pen tips and sharps disposal
☐ Prevention & treatment of hypoglycemia	☐ Insulin Storage
☐ SBGM (frequency & recording)	☐ Practice ☐ Patient practiced injection simulation ☐ Practiced actual injection: ___ U delivered ☐ Patient did not want to practice in clinic
☐ Driving Guidelines	
☐ Loading pen, priming, site selection and rotation	

Brief Nutrition Assessment	**Handouts Provided**	
☐ Does patient each 3 balanced meals daily? Y / N	☐ Getting Started with Insulin	☐ Insulin Titration Instruction
☐ Additional dietary counselling required? Y / N	☐ Hypoglycemia	☐ What is an A1C
☐ Referral to group classes? Y / N	☐ Other:	

Note

Next Follow-Up			
Clinic:	☐____ Weeks	☐ ____ Months	☐ NONE
Phone/Email:	☐ ____ Days	☐____ Weeks	☐ PRN

Educator: _____ Date: _____