

Clinic date: \_\_\_\_\_

Annual review: YES / NO

DAFNE: YES / NO

HbA1c: \_\_\_\_\_

Weight: \_\_\_\_\_

BP: \_\_\_\_\_

AFFIX PATIENT LABEL

### Glucose records

DIASEND reviewed: YES / NO / NO METER / OTHER DOWNLOAD

HBGM per day (mean): \_\_\_\_\_ T1DM diary: NO / REVIEWED / SUGGESTED

Comments:

### Insulin requirements

Basal rate		
Time	Current	Suggested changes

Bolus			
	Ratio	Typical dose	Suggested changes
Breakfast			
Lunch			
Dinner			
Snack			

Correction factor			
TDD			
Basal: Bolus			
Bolus Wizard	YES	NO	

Comments:

Hypoglycaemia & Driving

Comments:

Injection sites

Comments:

Main issues / concerns	Solutions / Plan

Eyes	Feet	Renal
Contraception	Blood Pressure / ACEi	Lipids / statin
Smoking / alcohol	Weight / diet / exercise	Erectile dysfunction

Health Care Professional: \_\_\_\_\_

Follow-up: \_\_\_\_\_