

'My Plan'

My target HbA1c for next clinic is: _____ mmol/mol.

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Take a photo of this page so that we can discuss at next clinic

All About Me



Name:

Date:

Please complete this leaflet whilst you are waiting to be seen by the diabetes team.

Can you think of three things you would you like to talk about today? Please tick ✓.

HbA1c Trend 1mm = 1 mmol/mol

40	48	58	75	90	In range	Out of range

Please can you tell us your insulin doses?

My Basal insulin is

My Dose is

Pump basal rate: (Please tick ✓)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5					

My Breakfast ratio is: <input type="text"/> Time: <input type="text"/>	1 unit/ <input type="text"/> g
My Lunch ratio is: <input type="text"/> Time: <input type="text"/>	1 unit/ <input type="text"/> g
My Evening ratio is: <input type="text"/> Time: <input type="text"/>	1 unit/ <input type="text"/> g
My Supper ratio is: <input type="text"/> Time: <input type="text"/>	1 unit/ <input type="text"/> g

My insulin sensitivity factor/Correction dose is:

1 unit / mmol/l.

How confident do you feel about changing your insulin doses?

Very Confident

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7			

Not confident at all

(Put a x in the box to show how confident you feel)



Injections



School



Sport



Illness



Meter



Food



Pump



Weighing Scales



Families



Friends



Holidays



Feelings/Emotions

Other