

'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.


HbA1c Trend 1mm = 1 mmol/mol



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



Food 
 Meter 
 Illness 

Sport 
 School 
 Injections 

Pump 
 Families 

Weighing Scales 

Friends 
 Holidays 

Other 
 Feelings/Emotions 

Out of range ↑	90				
	75				
In range ↓	58				
	48				
	40	Date	Date	Date	Date

Please can you tell us your insulin doses?

My Basal insulin is

My Dose is

Pump basal rate: (Please tick ✓)

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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My Breakfast ratio is:	Time:	1 unit/	g
My Lunch ratio is:	Time:	1 unit/	g
My Evening ratio is:	Time:	1 unit/	g
My Supper ratio is:	Time:	1 unit/	g

My insulin sensitivity factor/Correction dose is:

1 unit / _____ mmol/l.

How confident do you feel about changing your insulin doses?

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

Not confident at all Very Confident

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