

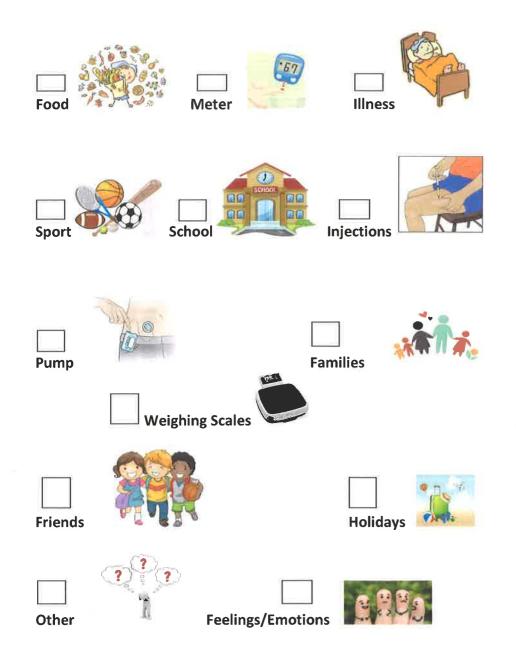
All About Me



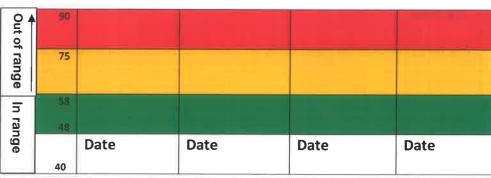
Name:			
Date:			

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



ase can you tell us you	msuiin doses?	7	
My Basal insulin is 🔙		_	
ly Dose is			
	-		
	. 184		
Pump basal rate: (Ple	ease tick√)	1	
Pump basal rate: (Ple	ease tick√)	4	6
		4	6
		0	6
0 0	•	4	.,
		1 uni	t/ g

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?



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