'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 ✓.

- Food
- Meter
- Illness
- Sport
- School
- Injections
- Pump
- Families
- Weighing Scales
- Friends
- Holidays
- Other
- Feelings/Emotions

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**HbA1c Trend** 1mm = 1 mmol/mo

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<th>Out of range</th>
<th>Date</th>
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<td>75</td>
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**Please can you tell us your insulin doses?**

- My Basal insulin is
- My Dose is

**Pump basal rate: (Please tick ✓)**

1 2 3 4 5

- 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?**

Not confident at all 4 5 6 7 Very Confident

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