

**Patient Name:** \_\_\_\_\_ **Patient DOB:** \_\_\_\_\_Are prescriptions written for insulin, testing supplies, pen needles, and syringes? ☐ Yes ☐ NoIs the patient to continue present diabetes medications? ☐ Yes ☐ No**Please list which to continue:** \_\_\_\_\_**Patient to test blood sugars** \_\_\_\_\_ **times per day:**

- ☐ before meals
- ☐ at bedtime
- ☐ 2 hours postprandial

**☐ Basal insulin:****Insulin type (choose one):**

- ☐ Glargine (Lantus)
- ☐ Detemir (Levemir)
- ☐ Other

**Delivery method (choose one):**

- ☐ insulin pen, needle length: \_\_\_\_\_
- ☐ vial and syringe, syringe size & (Please circle one) 100 unit, **50 unit**, 30 unit

**Initial starting dose:** \_\_\_\_\_ **units every** ☐ **morning** ☐ **evening****Titration instructions:**

- ☐ Suggested: Increase dose by 2-3 units every week if fasting BG remain > 120 mg/dL
- ☐ Custom: Increase dose by \_\_\_\_\_ units every \_\_\_\_\_ days if fasting BG remain > \_\_\_\_\_ mg/dL

**☐ Mealtime insulin:****Insulin type (choose one):**

- ☐ Aspart (Novolog)
- ☐ Glulisine (Apidra)
- ☐ Lispro (Humalog)
- ☐ Other

**Delivery method (choose one):**

- ☐ insulin pen, needle length: \_\_\_\_\_
- ☐ vial and syringe, syringe size & (Please circle one) 100 unit, **50 unit**, 30 unit

**Dosing algorithm (choose one):**

- ☐ One fixed dose of insulin with meals (e.g., 5 units before each meal)

Instructions: \_\_\_\_\_

- ☐ Fixed mealtime insulin with correctional scale (e.g., 5 units + a correction based on blood sugar)

Instructions: \_\_\_\_\_

- ☐ Insulin based on an insulin: carbohydrate ratio + correctional scale  
(e.g. 1 unit/15 grams of carbohydrate, with a correctional scale)  
(e.g. 1 unit/50mg/dL point decrease)

Instructions: 1 unit for every \_\_\_\_\_ grams of carbohydrate

1 unit for every \_\_\_\_\_ point decrease desired

**Call physician's office if:** \_\_\_\_\_**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_