



**Patient Name:** \_\_\_\_\_ **Patient DOB:** \_\_\_\_\_

Are prescriptions written for insulin, testing supplies, pen needles, and syringes?  Yes  No

Is 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:** \_\_\_\_\_

