

Send to **Jean Litton, RN CDE**
 Please allow **3 business days for a reply**

fax to **919 681-6074** --or --email **peddiabetes@duke.edu**

Name: _____ Age: _____ Parent name: _____ Home Phone: _____ Work Phone _____
 Fax: _____ Date of diagnosis: _____ Weight _____ Insulin Brand/Type: _____ Pump brand /type _____

	Time	7 am		11 am		5pm		9 pm				Basal	NOTES
Sun.	Glu./Ket.											12 MN _____	
	Bolus											_____	
	Carbs											_____	Site Change? Y / N
Mon.	Glu./Ket.											12 MN _____	
	Bolus											_____	
	Carbs											_____	Site Change? Y / N
Tues.	Glu./Ket.											12 MN _____	
	Bolus											_____	
	Carbs											_____	Site Change? Y / N
Wed.	Glu./Ket.											12 MN _____	
	Bolus											_____	
	Carbs											_____	Site Change? Y / N
Thurs.	Glu./Ket.											12 MN _____	
	Bolus											_____	
	Carbs											_____	Site Change? Y / N
Fri.	Glu./Ket.											12 MN _____	
	Bolus											_____	
	Carbs											_____	Site Change? Y / N
Sat.	Glu./Ket.											12 MN _____	
	Bolus											_____	
	Carbs											_____	Site Change? Y / N

Advice/ Recommendations:

Signed: _____