WaterlooWellington
DIABETES

INSULIN ORDERS FORM
DIABETES PROGRAM: _____
PHONE NUMBER: _____
FAX NUMBER:_____

Patient Name:

Address: **City:**

Telephone:

Health Card Number:

DOB (dd/mm/yy):

Postal Code:

Language Barrier: ☐ YES ☐NO

Language Spoken: _____

Insulin Regimen	Insulin Type	Adjustments
☐ Basal Starting dose: _____units at bedtime	☐ Lantus ® ☐ Levemir ® ☐ Humulin®N ☐ Novolin ®ge NPH	☐ Adjust insulin dose by 1-2 units or up to 20% prn to achieve CDA CPG glycemic targets of ac 4-7 mmol/L and pc 5-10mmol/L or individual target of: _____
☐ Bolus Starting doses: _____ units ac breakfast _____ units ac lunch _____ units ac supper	☐ Apidra® ☐ NovoRapid ® ☐ Humalog ® ☐ Humulin®R ☐ Novolin ®ge Toronto	☐ Adjust insulin dose by 1-2 units or up to 20% prn to achieve CDA CPG glycemic targets of ac 4-7 mmol/L and pc 5-10mmol/L or individual target of: _____ ☐ Adjust by the following correction factor _____
☐ Premixed Starting doses: _____ units ac breakfast _____ units ac supper	☐ Humalog ®Mix25® ☐ Humalog®Mix50® ☐ NovoMix ®30 ☐ Humulin ®30/70 ☐ Novolin ®ge 30/70 ☐ Novolin ®ge 40/60 ☐ Novolin ®ge 50/50	☐ Adjust insulin dose by 1-2 units or up to 20% prn to achieve CDA CPG glycemic targets of ac 4-7 mmol/L and pc 5-10mmol/L or individual target of: _____
☐ Insulin Pump Therapy Starting doses: Basal Rate: _____ units/hr Bolus: 1unit/_____gm CHO Correction Factor: _____	☐ Apidra® ☐ NovoRapid ® ☐ Humalog ®	☐ Adjust basal rates by 20% until CDA CPG 2008 targets are achieved ☐ Adjust bolus rates to match the carbohydrate intake until CDA CPG 2008 targets are achieved ☐ Adjust correction factor if correction boluses make up over 8% of TDD
☐ Discontinue the following medications: _____		

☐ Allow Certified Diabetes Educator to reduce the secretagogue dosage accordingly to avoid hypoglycemia

☐ Allow Certified Diabetes Educator to adjust carb/insulin ratios for self management of insulin therapy

☐ Allow Certified Diabetes Educator to dispense insulin samples for teaching and financial need

☐ Allow Certified Diabetes Educator to order blood glucose or A1c for assessment and evaluation of glycemic control

☐ Allow Registered Dietitian to perform blood glucose monitoring with a meter

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AUTHORIZING PHYSICIAN INFORMATION

Print Name:_____   Date:_____

Signature:_____   Ph#: _____

Address (or stamp):