Insulin Pump Progress Note, English, Canada

PATIENT INFORMATION:

PATIENT NAME (FIRST, LAST):	DATE OF BIRTH (YYYY/MM/DD):	PATIENT PHONE NUMBER:
	____ ____ ____ ____ / ____ ____ / ____ ____	____ ____ ____ - ____ ____ ____ - ____ ____ ____ ____
TRAINER NAME (FIRST, LAST):	TANDEM PUMP START DATE (YYYY/MM/DD)	HCP INSTRUCTIONS FOR PATIENT SELF-MANAGEMENT ON FILE:
	____ ____ ____ ____ / ____ ____ / ____ ____	☐ YES ☐ NO

PERSONAL PROFILE:

DATE (YYYY/MM/DD): ____ ____ ____ ____ / ____ ____ / ____ ____ — INFUSION SET:

Time	Basal Rate t:slim X2(0;0.01-15U)	Correction Factor (0.1–33.3 mmol/L)	Carb Ratio (1–300g)	Target BG (single number) (3.9 – 13.9 mmol/L)

DATE (YYYY/MM/DD): ____ ____ ____ ____ / ____ ____ / ____ ____ — INFUSION SET:

Time	Basal Rate t:slim X2(0;0.01-15U)	Correction Factor (0.1–33.3 mmol/L)	Carb Ratio (1–300g)	Target BG (single number) (3.9 – 13.9 mmol/L)

PROGRESS NOTES:

DATE (YYYY/MM/DD):	TIME SPENT (15 min. increments):	NOTES:
TOTAL TIME SPENT (15 min. increments):		

INSULIN PUMP TRAINER INITIALS

Progress note page ____ of ____

PATIENT INFORMATION:

PATIENT NAME (FIRST, LAST):	DATE OF BIRTH (YYYY/MM/DD):	PATIENT PHONE NUMBER:
	____ ____ ____ ____/____ ____/____ ____	____ ____ ____ - ____ ____ ____ - ____ ____ ____ ____
TRAINER NAME (FIRST, LAST):	TANDEM PUMP START DATE (YYYY/MM/DD)	HCP INSTRUCTIONS FOR PATIENT SELF-MANAGEMENT ON FILE:
	____ ____ ____ ____/____ ____/____ ____	☐ YES ☐ NO

PROGRESS NOTES:

DATE (YYYY/MM/DD):	TIME SPENT (15 min. increments):	NOTES:
TOTAL TIME SPENT (15 min. increments):		

INSULIN PUMP TRAINER SIGNATURE (I certify that I have completed follow up of the items listed above and have accurately documented the details of the Training session(s).

SIGNATURE	DATE (YYYY/MM/DD):
X	____ ____ ____ ____/____ ____/____ ____