

PATIENT NAME	DATE OF BIRTH (MM/DD/YYYY) IF <6 YEARS A PUMP START ORDER (PSO) IS REQUIRED FOR TRAINING ____/____/____	DATE OF ASSESSMENT (MM/DD/YYYY) ____/____/____
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1. We offer remote video training with a live trainer or in-person training. Do you have access to a computer or tablet with a camera and reliable internet for remote training?
2. What Tandem pump did you order?
3. Are you using a Continuous Glucose Monitor (CGM)?
 - If no, please check on the order with your doctor and/or supplier. Start your CGM once you receive it.
 - If yes, which brand?
 - If yes/Libre 1. Check sensor and pump compatibility. 2. If you have already started a sensor session bring an extra sensor with you to training. 3. To ensure your phone is compatible with the appropriate Tandem Mobile app, please download it and create an account prior to training.
4. Do you have all the supplies listed below to bring to training?
 - ☐ Tandem Insulin Pump box **AND** Accessory box (Tandem Mobi charging system is needed to pair pump with app)
 - ☐ Cartridges and infusion sets
 - Infusion Set Type:
 - Tubing Length:
 - ☐ CGM supplies (if applicable)
 - ☐ Vial of rapid-acting insulin
 - ☐ Compatible Smart Phone (required for Mobi and Libre)
5. Are you able to take care of your diabetes on your own?
 - If no, please bring your support person to your pump training session. *Note if you are <18 years old please bring your caregiver to your training session.
6. Do you have any visual, hearing, language, or physical limitations to consider when planning your training?
 - If yes, please describe: _____
7. Have you ever received diabetes education on insulin pump therapy, or have you been on a pump in the past?
8. If applicable, are you currently pregnant? **(If yes, a PSO will be required for training)**
9. What method do you currently use to give your insulin?
10. Looking at your insulin vial(s) or pen(s), what does the label(s) say? **(If using non U-100 analog insulin, Profile Settings Calculator cannot be used and a completed PSO with Personal Profile settings will be required for training)**
 Other _____
11. If you are on multiple daily injections (MDI):
 - What is your current weight in pounds (required to determine insulin pump dosing)? _____
 - What is the total average amount of rapid-acting insulin that you take for food and glucose corrections each day? _____
 - How many units of long-acting insulin do you take each day? _____

Trainer to calculate Total Daily Insulin (TDI) dose (rapid-acting + long-acting insulin) _____
12. If you are currently on an insulin pump:
 - Which brand?
 - Does it automatically adjust insulin?
13. Do you count carbohydrate grams to determine your insulin dose for meals/snacks?
 - If no, are you aware of what carbohydrates are and their effect on glucose levels?
14. Did you receive a Welcome/Prepare for Training email from Tandem?
 - If no, please go to the Tandem Pump Training webpage to review important content that will help you prepare for training.
 - If yes, please make sure you review all content prior to training.

TANDEM PUMP TRAINER NAME (PRINT)	SIGNATURE
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