

PATIENT NAME	DATE OF BIRTH (MM/DD/YYYY) ____/____/____	DATE OF ASSESSMENT (MM/DD/YYYY) ____/____/____
--------------	--	---

1. 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.
2. What Tandem pump did you order?
3. Are you using a Continuous Glucose Monitor (CGM)?
 - If no, please check on your order with your doctor and/or supplier. Start your CGM once you receive it.
 - If yes, which brand (Make sure to check compatibility on the box for Dexcom G7/Libre)?
 - If yes/Libre, and you have already started a sensor session bring an extra sensor with you to training. Also, to ensure your phone is compatible with the t:connect Mobile app, please download it and create an account prior to training.

*Please start your CGM and download and setup your t:connect Mobile app prior to pump training.

4. 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?
5. Do you have all the supplies listed below to bring to training?
 - ☐ Tandem Insulin Pump box and Accessory box
 - ☐ 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)
6. Are you able to take care of your diabetes on your own?
 - If no, please bring your support person to your pump training session.
7. Have you ever received training on an insulin pump for yourself or someone you have cared for?
 - If yes, which pump?
8. Do you have any visual, hearing, language, or physical limitations to consider when planning your training?
 - If yes, please describe: _____
9. What method do you use to give your insulin?
 - If you are currently on an insulin pump, which brand?
 - If you are currently on an insulin pump, does it automatically adjust insulin?
 - If you are on multiple daily injections (MDI), what is your current weight in pounds (required to determine insulin pump dosing)?

10. Looking at your insulin vial or pen, what does the label say?
 - - What is the total average amount of rapid-acting insulin that you take for food and glucose corrections each day? _____
 - If you are on MDI,
 - How many units of long-acting insulin do you take each day? _____
 - What time of day do you take your long-acting insulin? _____
11. Do you count carbohydrate grams to determine your insulin dose at meals?

COMPLETED BY:

TANDEM PUMP TRAINER NAME (PRINT)	
SIGNATURE X	DATE (MM/DD/YYYY) ____/____/____