

Insulin Titration Authorisation Form

Please complete blank sections and sign below:

Beck Newton - Credentialed Diabetes Educator (RN/APD) - offers support for insulin titration in the ambulatory setting. Beck can provide this service to the above-named patient and communicate progress to you on a regular basis. Please complete the relevant sections of this form and return to email: info@eatlivewell.com.au at your earliest convenience.

Referring General practitioner / Endocrinologist / Specialist Physician: *

Patient Full Name *

Patient Date of Birth *

Most recent HbA1c (please also provide any other relevant results):

Type of Diabetes *

- Type 1
- Type 2
- Gestational Diabetes
- Other

Additional notes/comments:

Current insulin administration method: *

- Basal/Bolus Multiple Daily Injections (MDI)
- Insulin Pump
- Basal/long-acting only

Please state any other diabetes related medications prescribed:

Target blood glucose range(s):

- Fasting 4-7mmol
- Postprandial 6-10mmol
- Other target for fasting:
- Other target postprandial:

Please provide 'other' ranges

Current insulin to carbohydrate ratio(s) (if known/applicable):

Current insulin sensitivity factor(s) (if known/applicable):

Current Basal (Long-Acting) insulin (if applicable):

Name:

- Levemir
- Optisulin
- Toujeo

Dose(s):

Timing:

Current Bolus (Rapid-Acting) insulin (if applicable):

Name:

- Apidra
- Humalog
- Novorapid

Fiasp

Administered via:

Pump

Multiple Daily Injection (MDI) - fixed dose

Multiple Daily Injection (MDI) - flexible

Dose(s):

Current pre-mixed insulin (if applicable):

Name:

Dose:

Timing:

Please indicate by ticking the appropriate sections, otherwise this referral is INVALID

The referrer wishes Beck Newton (CDE/ RN) to undertake insulin dose adjustment, assist and teach self-management of ongoing insulin dose adjustment and commence the patient on a bolus advice calculator if the patient agrees or requests.

Yes (please complete applicable agreed insulin adjustment ranges below)

Agreed insulin adjustment ranges (as applicable)

Basal/Long-acting insulin dose: +/- 10 units

- Yes
- No
- Please advise alternative:
- N/A

Insulin pump basal rates: +/- 2 units/hour

- Yes
- No
- please advise alternative
- N/A

Insulin to carbohydrate ratios: +/-10 grams:

- Yes
- No
- Please advise alternative:
- N/A

Insulin sensitivity factors: +/- 5mmol

- Yes
- No
- Please advise alternative:
- N/A

Please complete and sign below:

Comments, or other preferences / anything else you wish to address:

Prescriber's signature:

Date:

Please complete and return to email: info@eatlivewell.com.au at your earliest convenience.

Submit

