



# Diabetes Interview

SCHOOL YEAR \_\_\_\_\_

<b>Student</b>	Parent/Guardian	Phone
Date of Birth	Grade	Parent/Guardian
Endocrinologist		Phone
Phone	Last visit	Emergency
		Phone
Diabetes Nurse Educator	<input type="checkbox"/> MaineCare	<input type="checkbox"/> Private Insurance
Phone		<input type="checkbox"/> Need Information
Pertinent history including hospitalization	Age of diagnosis	Type
		Last A1C
Home address:	After-school contact:	
Bus number if applicable:	Phone	
After-school activities:		
Glucose monitoring system	Contact for non-emergent consultation:	
	Preferred method ___ call ___ text ___ email	
	Frequency	
Insulin delivery system	Ketone monitoring method and parameters	

Describe considerations necessary for the school day.

- |   |   |
|---|---|
| <input type="checkbox"/> Athletics/Physical Education | <input type="checkbox"/> Classroom          |
| <input type="checkbox"/> Recess                       | <input type="checkbox"/> Bus/Transportation |

Please share any health-related goals and needed assistance.

By signing below, I permit the school nurse to share information about my student's health with appropriate school and medical personnel for my student's ongoing safety at school.

Parent/Gaurdian \_\_\_\_\_ Date \_\_\_\_\_

*In an emergency when assistance is needed and emergency contacts are not reached, the healthcare provider will be contacted and if necessary 911 (emergency services) will be called.*