



Diabetes Research Institute
 University of Miami School of Medicine
 1450 NW 10TH Avenue, Miami, Florida 33136
 Ph: 305-243-3696 Fax: 305 243-5791

MASTERING YOUR DIABETES REGISTRATION FORM

Please indicate which class you would like to attend.

Class Attending: _____ **March 22-23, 2018** (*A Guide To Survival In College and Beyond*)
 _____ **April 13- 16, 2018** _____ **July 20- 23, 2018** (*Only for children and teens*)
 _____ **October 19-22, 2018**

You must fill out a registration form and send it to us prior to the course. Submitting a registration form does not guarantee enrollment. When we receive your registration, we will then contact you and confirm the status of your registration. Thank you.

Personal Information:

Date: _____

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____

Home Telephone: _____ Work Telephone: _____

Mobile Telephone: _____ E-mail address: _____

Person to notify in case of emergency and telephone:

Are you currently using a Dexcom sensor ? _____ Yes _____ No

Are you currently a patient at the DRI? _____ Yes _____ No

Name of your diabetes physician: _____ Tel. Number: _____

Physician Address (If not at DRI): _____

Insurance Information: (Please include a copy of your insurance card front and back with your registration)

Insurance Company: _____

Insurance address: _____

Insurance phone number: _____

Subscriber's Name: _____ Subscriber's DOB _____

Relationship to Subscriber: _____

ID #: _____ Group #: _____

I, _____ understand that I am responsible for my bill.



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MASTERING YOUR DIABETES Questionnaire

Name: _____

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Congratulations for making the decision to take charge of your diabetes through attending the Diabetes Research Institute’s Mastering Your Diabetes (MYD). In preparing to make your experience the best it can be, our education staff needs to know some information concerning your present diabetes self management skills prior to the start of MYD. Please take a moment to answer the following questions. **We will not be able to ensure your participation unless we receive this vital information with your registration form.**

Self Blood Glucose Monitoring:

Are you currently using a continuous glucose monitor? _____ Yes _____ No

What blood glucose meter do you currently use? _____

How often do you test your blood sugar? _____ times a day.

What was your last hemoglobin A1C test result? _____ % on _____ (date)

Insulin Administration:

Please check the appropriate box

What tool do you use to administer your insulin?

- Insulin syringe
- Insulin pen
- Insulin pump Name of Pump: _____

Insulin:

Please check the appropriate box

What basal (background) insulin are you currently using?:

Lantus Levemir NPH Other: _____

What bolus (Food / Correction) insulin are you currently using?:

Humalog Novolog Apidra Regular Other: _____

What is your blood sugar target? 120 150 180 Other: _____ I do not know

You are counting the carbohydrate you eat (in grams): Yes No

What is your carbohydrate ratio?

One unit of rapid acting insulin for every _____ grams of carbohydrates. I do not know

What is your current correction factor or high blood sugar ratio that you use when your blood sugar is high?

One unit of rapid acting insulin will lower your blood sugar _____ points. I do not know