



# Mastering Your Diabetes at the Diabetes Research Institute



Offered 4 times a year, this 3-day course is our most intensive program. It is designed for persons with diabetes who inject insulin to control their blood sugars.

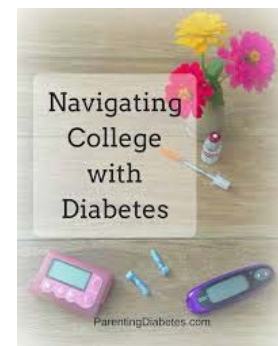
- Achieve greater control while at the same time achieving greater freedom through high-level knowledge
- Offered 3 times a year
  - 2 adult
  - 1 pediatric
- Highly interactive program
- Enhance your ability to “think beyond the rules” in order achieve target blood sugars
- Learn to use your pump and/or CGM more effectively



## ***DIABETES, ON YOUR OWN: A GUIDE TO SURVIVAL IN COLLEGE AND BEYOND***

Learn how to “think like a pancreas” by going “beyond the rules” so that eating out, navigating parties, and juggling your ever-changing school and work schedules will not upset the balance with your diabetes management.

- Offered once a year
- Designed for young adults, ages 17 to 25, who are preparing to live away from home
- Help “hone” your diabetes self-management skills to become more independent and mindful
- Learn how to prevent diabetic ketoacidosis (DKA) and severe hypoglycemia while starting your new adventure
- Become more secure in your own judgements, including knowing when to ask your parents, friends, and/or healthcare professionals for assistance



Space is limited to 12 participants. If you would like more information or to register, please call Dina Bardales at 305-243-3696.

Diabetes Research Institute  
1450 NW 10<sup>th</sup> Ave Suite 1006, Miami, FL 33136  
305-243-3696  
[dbardales@miami.edu](mailto:dbardales@miami.edu)



# Mastering Your Diabetes at the Diabetes Research Institute



## REGISTRATION FORM

Please indicate which class you would like to attend.

April 5-7<sup>th</sup>, 2019 (adult)  July 20-21<sup>st</sup>, 2019 (college prep)  
 August 9-11<sup>th</sup>, 2019 (kids/teens)  October 11-13<sup>th</sup>, 2019 (adults)

You must fill out a registration form and send it to us prior to the course. Submitting a registration form does not guarantee enrollment. Once we receive your registration form, we will 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 a patient at the DRI? Yes No

Name and phone number of physician: \_\_\_\_\_

Address of physician: \_\_\_\_\_

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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## Questionnaire



Name: \_\_\_\_\_

Class Attending: \_\_\_\_ April 5-7th, 2019 (Adult) \_\_\_\_ July 20-21<sup>st</sup>, 2019 (College prep)  
\_\_\_\_ August 9- 11th, 2019 (Kids/teens) \_\_\_\_ October 11-13<sup>th</sup>, 2019 (Adults)

Congratulations for making the decision to take charge of your diabetes through attending the Diabetes Research Institute’s Mastering Your Diabetes (MYD)! In preparation of making 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  
Brand: \_\_\_\_\_  
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 \_\_\_\_\_.

### Insulin Administration:

What tool do you use to administer your insulin?  Insulin syringe  Insulin pen  
 Insulin pump  
Name of Pump: \_\_\_\_\_

What long-acting insulin are you currently using?:  
\_\_\_\_\_

What bolus rapid-acting insulin are you currently using?:  
\_\_\_\_\_

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? \_\_\_\_\_

I do not know

What is your current correction factor? \_\_\_\_\_

I do not know