



DIABETES – ACTION PLAN

ADDITIONAL MEDICAL INFORMATION

(This form is to accompany the client at all times while off site)



If you / your child (ie: the client) has diabetes, please complete this form in consultation with your doctor, **have your doctor sign it**, and return to Guide Dogs Victoria before the commencement of the program.

PLEASE WRITE LEGIBLY

Name of Client: _____ Date of Onset: _____ / _____ / _____

How is the Diabetes Controlled?

Medication

	Medication	Dosage	When
Injection			
Oral			
Nasal			

Diet Please comment: _____

Management of Diabetes

Good Fair Poor Is it independently managed? Yes / No

How is it managed? _____

If appropriate – how often is blood glucose checked? _____

By whom? _____ What system is used? _____

What has the average blood glucose range been over the last 3 months? _____

What is an acceptable range for the client? _____

Signs and symptoms of an imbalance occurring

Are certain factors likely to create an imbalance (e.g., exercise, food, ill health, stress)? Yes / No

Please comment: _____

What signs or symptoms should staff be aware of? _____

Action plan to be used when symptoms develop: _____

Under what circumstances would you like GDV staff to contact the emergency contact person?

Under what circumstances should an ambulance be called? _____

Additional Comments

Emergency contact person's name: _____ Phone Number: _____

Doctor's Name: _____ Doctor's Signature: _____

Doctor's Tel. No.: _____ Date: ____ / ____ / ____

Client or Parent / guardian's name: _____

Client or Parent / guardian's signature: _____ Date: ____ / ____ / ____