SCHOOL INTAKE INTERVIEW - DIABETES

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Student |  | | | | | | | | | | | | | | | | | | | | | | | | Date of Birth | | | | | | |  | | | | | |
| School |  | | | | | | | | | | Grade | | | | |  | | Homeroom Teacher | | | | | | | | | | |  | | | | | | | | |
| Parent(s)/Guardian(s) | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone (H) | | |  | | | | | (W) | |  | | | | | | | | | | | (Other) | | | | |  | | | | | | | | | | | |
| Emergency contact (other than parent/guardian) | | | | | | | | | | | | |  | | | | | | | | | | | | | | | Phone | | |  | | | | | | |
| Physician Name | | | |  | | | | | | | | | | | Office Phone | | | | | | |  | | | | | | | | Fax |  | | | | | | |
| Diabetes Nurse Educator’s Name | | | | | | |  | | | | | | | | | | | | | | | | | Office Phone | | | | | | |  | | | | | | |
| Medical release of information signed? Yes | | | | | | | | | |  | | | | No | | |  | | |  | | | | | | | | | | | | | | | | | |
| Mode of transportation to and from school? | | | | | | | | | |  | | | | | | | Bus driver notified of diabetes? Yes | | | | | | | | | | | | | | | |  | | No | |  |
| Does child participate in after school activities? Yes | | | | | | | | | | | | | |  | | | No | |  | | | | Before | | | |  | | | Or after | | | |  | | Care? | |
| Explain | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adult leader notified of diabetes? Yes | | | | | | | | |  | | | No | |  | | |
| Field trip recommendations: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Blood Sugar Monitoring:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Test will be performed in | | |  | | | | | (location). | | | | | | | |
|  | Needs assistance with testing? Yes | | | |  | No | |  | | Explain | |  | | | | |
|  | Required test times | |  | | | | | | | | | | | | | |
|  | Call parent if blood sugar is below | | | |  | | | | Or above | | | | |  | |
|  | Staff to record values and report to parents daily | | | | | |  | | | | weekly | |  | |
| Comments: | |  | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Meds:** | **Insulin:** Can child give own injections? Yes | | | | | | | |  | | | No | |  | Explain | |  | |
|  | Order for insulin on file? Yes | | | | |  | No | |  | |  | | | | | | | |
|  | Time(s) insulin to be administered at school: | | | | | | | | |  | | | | | | | | |
|  | Type/Dosages: | |  | | | | | | | | | | | | | | | |
|  | Form of administration: | | |  | | | | | | | | | | | | | | |
|  |  | | | (Injection, Pen, Pump) | | | | | | | | | | | | | | |
|  | **Oral medications:** Type | | | |  | | | Times | | | | |  | | | Dose | |  |
| Comments: | |  | | | | | | | | | | | | | | | | |

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| **Diet:** | Assigned student lunch time(s)? | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | Is child following a prescribed meal plan? Yes | | | | | | | | |  | No |  | | | Assistance required? Yes | | | | | | |  | No |  | |
|  | Explain | |  | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Snack Time(s)? | | |  | | | | | | | | | | | Assistance required? Yes | | | | | | |  | No |  | |
|  | Explain | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | Snack will be eaten in | | | |  | | | | | | | | | | | (location) | | | |
|  | Snacks will be stored in | | | | |  | | | | | | | | | | (location) | | | |
|  | Recommended snacks | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | Parent wishes to be notified in advance of class parties? Yes | | | | | | | | | | | | |  | | | No | |  | |
|  | Child may partake in class treats? Yes | | | | | | |  | No | |  | | Explain | | | | |  | | | | | | |
| Comments: | |  | | | | | | | | | | | | | | | | | | | | | | |

**Physical Educaiton:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Scheduled at: | |  |
|  | Is snack necessary before physical education? Yes | | | |  | No |  |
|  | Does child participate in after school sports? Yes | | | |  | No |  |
|  | P.E. Teacher/Coach aware of child’s diabetes? Yes | | | |  | No |  |
| Comments: | |  | | | | | | |