

XXXXXX XXXXX

DoB: xx/xx/xxxx

xxx-xxx-xxx

xxx-xxx-xxxx XXXX XXXXX (xxxx)

XXXX xxxxxxxxxxxxxx

XXXXXXXX, XX xxxxxx

## ESSENTIAL INFORMATION

**TYPE 1 DIABETES (INSULIN DEPENDENT)**, requiring CONTINUOUS infusion of insulin and CONTINUOUS monitoring of my blood glucose.

I am using the following devices to manage my Type 1 Diabetes Mellitus:

- [Pump/Injections] with [Type] Insulin
- [XXXXXX (CGM) with a XXXXX Receiver AND XXXXX iPhone App]
- [Blood Glucose meter and strips]

My current settings are as follows:

Basal Insulin Rate: [xxxx per time slot, etc.]

Insulin to Carbohydrate Ratio: [xxx]

Target Blood Sugar: [xx-xxx]

Insulin Sensitivity Factor: [XXXX]

I have the following additional medical condition(s):

- [Condition treated with (medication/dose)]
- [Condition treated with (medication/dose)]
- [Condition treated with (medication/dose)]

I am allergic to [XXXX, xxxxxx, XXXXX].

Thank you for your dedication and hard work to help me keep my TYPE 1 DIABETES MELLITUS well managed during my hospital stay. The work we do together now will ensure my speedy recovery.