**To Whom It May Concern:**  **[Your Name]**

 **[Date]**

I have **Type 1 Diabetes Mellitus (INSULIN DEPENDENT)** and as such I do not produce insulin and require insulin treatment to manage my diabetes. My Type 1 Diabetes is well-managed (HbA1c = [x.x]) and I would like to retain control of my management unless I am physically or mentally unable to.

**Type 1 Diabetes (INSULIN DEPENDENT):**

I require insulin throughout the day, each day, to live. **Withholding insulin will put my life in jeopardy**. I inject my insulin on my own through the use

**Medications/Doses:** I use **[XXX]** rapid acting insulin which I deliver through **[PUMP or Syringe], a**pproximately [xx] units/day.

* Target blood glucose range: [**xx – xxx mg/dL]**
* Carbohydrate ratio: **[enter carb ratios]**
* Insulin Sensitivity Factor: [**enter ISF ratios]**
* Basal Rate: **[enter basal profile]**

I wear a continuous glucose monitor, **[brand of CGM]**,which gives blood sugar readings every five minutes directly to my iPhone. Should I need surgery, I will provide the anesthesiologist with a handheld receiver which provides constant access to my blood glucose level.  **OPTIONAL**

**If, while under your care, you find it medically necessary to remove ANY device from my body, PLEASE PLACE ALL PARTS in a sealed bag with my name/ID & SAVE IT FOR ME!**

**OPTIONAL:** I also use an Open Source **Closed Loop** insulin management system, which may include a RileyLink bluetooth device and works via a Loop app on my iPhone.

If I am of sound mind, I am the best person to manage my Type 1 Diabetes Mellitus. In the unfortunate circumstance I should become critically ill, it is essential that my glucose levels remain tightly managed via an insulin drip (intravenous insulin). Studies suggest that glucose levels close to a normal range (100-150mg/dl) improve medical outcomes in patients with diabetes and will help me to recover.

**I have the following conditions that require continuous medication. If medication is stopped, I will suffer severe side effects.**

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

My medical advocates, who are excellent resources in type 1 diabetes management, are listed below. I request you contact them should I be admitted to your institution:

* [spouse/partner/advocate name] (spouse/partner/parent/friend): [cell #]
* [T1D friend name: [cell #]
* [T1D friend name: [cell #]

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