Central London Community Healthcare NHS
NHS Trust
Barnet | Hammersmith and Fulham | Kensington and Chelsea | Westminster

YOUR PERSONAL DIABETES RECORD AND CARE PLAN

PART 2

When you're diagnosed with diabetes, your GP will work with you offering support, information and advice on any lifestyle changes you may need to make.

This charter is designed to make you aware of the responsibilities you and your GP have when it comes to managing your diabetes. By following the tasks and ticking them off as they are completed, you can ensure you live life to the full with diabetes.

- **Education courses for Type 2 diabetes in Hammersmith & Fulham, Kensington & Chelsea and Westminster.**
  Central Booking Office:
  Tel: 020 8962 4499
  email: cbo@nhs.net
- **Hammersmith & Fulham Diabetes Support Groups & Mentors Peter Gilbert**
  Tel: 020 7736 0044
  email: peterhgilbert@gmail.com
- **Expert Patient Programme: Frances Neate**
  Tel: 020 8964 2727
  email: frances.neate@raintrust.org.uk
- **Diabetes UK Care helpline**
  Tel: 0845 1202 960
- **Diabetes UK**
  www.diabetes.org.uk

For more information and to see the complete range of services available to you locally, visit:

www.knowdiabetes.org.uk

know diabetes
Live life to the full

You will take responsibility for your own wellbeing, which means...

Understanding your condition

- ☐ Ask if you do not understand or are unsure about anything to do with managing your condition or complying with treatment.
- ☐ Agree your Personal Care Plan with your healthcare professional and commit fully to doing your part.
- ☐ Ask for the results of all your tests and find out what they mean for you.
- ☐ If prescribed, take your medication as directed and at the correct time each day.

Adjusting your lifestyle to maintain your health

- ☐ Follow a healthy diet as advised.
- ☐ Aim to take 30 minutes of exercise, ideally daily but at least three times a week.
- ☐ Follow national guidance on alcohol limits (not more than 14 units a week for women or 21 units a week for men).
- ☐ If you are a smoker, ask for help to stop smoking if this is proving difficult.
- ☐ Have routine dental checks every six months.
- ☐ Always carry your diabetes identity (ID) card and if you are at risk of hypoglycaemia, always have some glucose tablets with you. Follow up with a starchy snack.
- ☐ Follow the driving advice in Part 1 of your Handheld Personal Record Book if you are on insulin or otherwise subject to hypoglycaemia.

Being in control

- ☐ Make sure you know which person to contact in an emergency or for advice.
- ☐ Contact your healthcare professional if you are unwell or if you think your medication may need adjusting or changing.
- ☐ Carefully read Part 1 of your Personal Record and Care Plan Book and keep Part 2 up to date.
- ☐ Regularly check and keep your blood-glucose monitoring diary up to date.
- ☐ Take Part 2 of your Personal Record Booklet and your blood-glucose monitoring diary with you to all your diabetes appointments and discuss what they mean for you with your healthcare professional.
- ☐ Attend all your appointments and call well in advance if you need to reschedule. Book a double appointment if you think you will need more time.

Growing your knowledge

- ☐ Actively seek to increase your knowledge of diabetes by attending group education courses, via the internet or by obtaining further information from Diabetes UK and other providers. Consider joining the Fulham or Hammersmith Diabetes Education & Support Groups or get involved and join the local Diabetes Service User Group.

Being pro-active

- ☐ If you are not receiving all of the care detailed, or have any other concerns in managing your condition, you must immediately contact your nominated primary contact point for your diabetes care to discuss and agree your further needs.

Signed: _____ Name: _____ Date: _____

Your doctor or practice nurse will...

When you are diagnosed

- ☐ Explain diabetes to you, what you need to do and what support you may need.
- ☐ Give you a full medical examination.
- ☐ Give you further information including the appropriate Diabetes UK 'What you need to know' booklet for 'Type 2' or 'Type 1' diabetes, along with this Personal Care Charter.
- ☐ Provide you with your own two-part personal record and care plan books.
- ☐ Nominate a person at the practice as your primary contact point for your diabetes.
- ☐ Discuss your lifestyle and what changes you may need to make.
- ☐ If prescribed, explain how your medication works, give details on administering it and provide you with a FP92A form to get a prescription payment exemption certificate.
- ☐ Develop with you a Personal Care Plan and include diabetes management goals.
- ☐ Explain and arrange HbA1c longer-term blood glucose and other blood tests and urine tests to assess your diabetes.
- ☐ Consider providing you with a blood glucose monitor, and if they do, explain how to use it and how often and how to interpret the results.
- ☐ If a monitor is provided, explain completing your blood-glucose monitoring diary and its future use.
- ☐ Make time to listen to you and answer any questions or concerns you may have.

Next steps & time frames

- ☐ Give you details of your local diabetes patient education and support group.
- ☐ Offer to put you in touch with a diabetes mentor.
- ☐ If you drive, explain whether you need to inform your insurance company and the Driver Vehicle Licensing Agency (DVLA).
- ☐ Provide you with a diabetes identity ID card to carry with you at all times and explain if you may be subject to hypoglycaemia (low blood glucose) and how to deal with it.
- ☐ Refer you to a dietician or provide you with personal dietetic advice within 1 month of diagnosis.
- ☐ Refer you for retinopathy eye screening within 2 months of diagnosis and thereafter annually.
- ☐ If your feet are considered medium or high risk, refer you to a podiatrist within one month of diagnosis.
- ☐ Outline the benefits and refer you on to a Group Diabetes Education course within 3 months of diagnosis.

Ongoing care

- ☐ Carry out a periodic check-up with you every 2-6 months as required until blood glucose control is stable and then at least annually, including a medicines review, and update your care plan.
- ☐ Every 2-6 months arrange blood tests and every 12 months urine tests.
- ☐ Help you to understand when a change to your diabetes medication or management is required and explain your options.
- ☐ Consider referring you on to the Expert Patient Programme for long-term conditions.

Signed: _____ Name: _____ Date: _____

Notes / records

It is important that you discuss these points with your GP or practice nurse. Please use this space to note the results of your blood tests and your weight/BMI, and any concerns you would like to discuss with your GP.

Surname: _____ Mr / Mrs / Miss / Ms / Other

Forenames: _____

Date of Birth: _____

Address: _____

Postcode: _____

Telephone: Home: _____ Mobile: _____

Work: _____

Email: _____

Language Spoken: _____ Interpreter? ☐ Yes ☐ No

NHS Number: _____

Hospital number: _____

Next of Kin: _____

Allergies: _____

Emergency Contact Number: _____

Diabetic type (tick as appropriate) ☐ Type 1 ☐ Type 2

Date diagnosed (month/year): _____

Structured Education Date(s) (month/year): _____

Blood Glucose Meter Type: _____

Test Strips Type: _____

Therapy:

Diet only ☐ Tablets ☐ Insulin ☐ Insulin and tablets ☐

Services	Name	Address/Email	Telephone
General Practitioner (GP)			
Practice Nurse			
Consultant for Diabetes			
Diabetes Specialist Nurse			
Dietician			
Pharmacist			
Podiatrist/ Chiropodist			
Retinal Screening			
Ophthalmologist (Eye Doctor)			

Services	Name or Web address	Telephone
Cardiologist (Heart)		
Nephrologist (Kidneys)		
Neurologist (Nerves)		
Vascular Surgeon		
Psychologist		
Other (e.g. Obstetrician)		
Diabetes UK	**www.diabetes.org.uk**	**0207 424 1000**
Diabetes UK Careline		**0845 120 2960**
NHS Direct	**www.nhsdirect.nhs.uk**	**111**
DVLA	**www.dvla.gov.uk**	**0300 790 6806**
Pilot Study Co-ordinators	**Sonia Wijesundare** **Peter Gilbert**	**020 7792 7737** **020 7736 0044**

Date	Time	Where?	With whom?

Date	Time	Where?	With whom?

Date started	Name of medication	Dose	Time to be taken				What is it for?
			B	L	D	Bd	

B = Breakfast **|** **L =** Lunch **|** **D =** Dinner **|** **Bd =** Bedtime

Drug name	Date stopped	Reason stopped

Research has shown that people with diabetes get fewer complications, and may live longer and feel better, if they have regular check-ups, even if they do not feel ill in any way. You should decide with your doctor/ nurse how often these checks should be.

All important information about your long-term diabetes care will be written in here and **it is essential that you remember to bring this booklet to any appointments you have regarding your health.**

Central to the management of your health is education, as you are the one who, at the end of the day, controls what you eat and how much exercise you do. The aim is for you to lead as normal a life as possible but to do this you need to be educated on all the various aspects of life with diabetes.

Please ask about courses that are available to learn more about your diabetes care.

Before you visit your healthcare professional

- ☐ List your concerns and what you need to find out more about.
- ☐ Remember to have your blood and urine tests done at least one week before your review.
- ☐ Remember to bring your blood glucose monitoring diary (if relevant) and your list of medications.
- ☐ Your vision should be checked at least once a year by the diabetic retinal screening unit and the back of your eyes (retina) examined. A photo should be taken of your retina.

At the visit

- ☐ Your weight should be recorded. Discuss diet, exercise and smoking.
- ☐ You should discuss your blood and urine test results including those measuring long term diabetes control (HbA1c), blood fat levels (cholesterol), kidney function and thyroid function.
- ☐ You should discuss diabetic control, including your home monitoring results if you have a meter.
- ☐ Your blood pressure should be checked.
- ☐ Your legs and feet should be examined to check your circulation and nerve function.
- ☐ If you are on insulin, your injection sites should be examined.
- ☐ Aspirin should be prescribed if your risk of a heart attack or a stroke is high.
- ☐ Make sure your vaccinations are up to date e.g. flu and pneumococcal pneumonia as appropriate.

Use your list to check all the points you raised are covered.

If you are unsure of anything that has been said, ask for more detail and explanation.

After the appointment

- ☐ Review what has been said and what your results have shown.
- ☐ Note down what plan you have agreed to and aim to achieve any goals that have been identified.
- ☐ Record when your next appointment is and when your next blood tests are due.

Everyone's requirements are different; your doctor will tell you whether you need to be seen once a year, three or six monthly, depending on the many factors of your diabetic control.

Why are we taking so much time and effort to educate you and record your results?

The main reason is to prevent short and long term complications such as:

- Hypoglycaemia and hyperglycaemia (blood glucose levels in the blood are too low or too high)
- Furring up of the arteries leading to stroke, heart disease (such as angina and heart attacks) and reduced blood flow to the arms and legs (peripheral vascular disease)
- Kidney damage (Nephropathy)
- Eye damage (Retinopathy and cataracts)
- Nerve damage (Neuropathy)
- Foot ulcers and infections

Prevention is better than cure!

Whilst leading a normal healthy lifestyle, you still need to treat diabetes with respect in order to slow down the progression of complications.

Try and keep the values of your tests within the suggested ranges by living healthily (eat 5-9 portions of fruit and vegetables a day; give up smoking; lose weight; exercise) and by taking your tablets and/or insulin.

Smoking

Do you smoke? ☐ Yes

☐ No Never/Gave up, date given up & number smoked/day _____

If yes, how many cigarettes do you smoke a day? Check yearly.

Date of review	Number of cigarettes smoked a day	Thoughts about giving up?

The best-known effect of smoking is that it causes cancer. Smoking can also aggravate many problems that people with diabetes already face, such as heart and blood vessel disease.

- ☐ Smoking reduces the amount of oxygen reaching tissues. The decrease in oxygen can lead to a heart attack, stroke, miscarriage, or stillbirth.
- ☐ Smoking damages and constricts the blood vessels. This damage can worsen foot ulcers and lead to blood vessel disease and leg and foot infections.
- ☐ People with diabetes who smoke are more likely to get nerve damage and kidney disease.
- ☐ People with diabetes who smoke are three times as likely to die of a heart attack as those who don't smoke.
- ☐ Smoking increases your blood pressure and your LDL Low Density Lipoprotein (bad) cholesterol.
- ☐ Smoking can cause impotence.

NHS Stop Smoking: 0300 123 1044 / www.gosmokefree.nhs.uk

Exercise

How do you exercise?

For example, brisk walk, gym, swimming, tennis or football etc.

Date of review	How many times/week	Types of exercise

How can exercise help my diabetes?

Exercise can help control your weight and lower your blood glucose level. It also lowers your risk of heart disease, a condition which is common in people who have diabetes. Exercise can also help you feel better about yourself and increase your overall health.

Speak to your doctor about which type of exercise is right for you. If you are on insulin there are some precautions you must take so as not to become hypoglycaemic, such as monitoring your blood glucose levels before and after exercise.

A healthy lifestyle, i.e. maintaining your weight, exercising regularly, eating healthily and not smoking, can prevent the long-term complications of diabetes as much as any medical intervention!

Height (meters) _____ Height^2 = Height x Height = _____m^2

Date	Weight (Kgs)	BMI* (weight/height^2)	Weight reducing drugs?	Waist (inches)

Diet Use this opportunity to discuss your diet with the healthcare professional.

Drugs Sometimes people need extra help to lose weight. Please speak to your doctor about available medication.

*As tall people usually weigh more than shorter people, a person's weight must be interpreted in relation to their height. We therefore calculate the Body Mass Index (BMI) by dividing your weight (in kilograms) by your height^2 (in meters^2). Your BMI should ideally be in the range of 20–25 kg/m^2. The risk to health increases steadily above this level and is particularly high when the BMI is above 28 kg/m^2. Only you can reduce your BMI by eating sensibly and exercising regularly. Please speak to your doctor/nurse about being referred to a dietician for advice on healthy eating and weight loss.

Carrying too much weight around your middle increases your risk of heart disease, can make you insulin resistant and have a bad effect on blood pressure and blood fat.

Waist measurement	At risk	High Risk
European men	94 cm (37 inches)	102 cm (40 inches)*
Asian men	90 cm (36 inches)	
European & Asian women	80 cm (32 inches)	88 cm (35 inches)

BMI should ideally be in the range of 20 to 25 kg/m²

- National target for good health
- Do I need to take action to improve my health?
- What can I do to improve my health?

BMI (Kg/m²)	Date:													
35+														
30+														
29														
28														
27														
26														
25														
24														
23														
22														
21														
20														
19														

Date	BP

Date	BP

BP=Blood Pressure is the force of blood pushing against blood vessel walls. Your BP is at its highest when the heart beats, pumping the blood. This is called systolic pressure. When the heart is at rest, between beats, your blood pressure falls. This is the diastolic pressure. BP is expressed as two numbers (e.g. 120/80mm/Hg). The higher number is the systolic pressure and the second lower number is the diastolic pressure.

Good control of BP is important in preventing damage to the heart and circulation. Keeping BP under 130/80mm Hg reduces these risks.

People with microalbuminuria (see ACR pages) are at greater risk of kidney damage and so should keep their blood pressure below 130/70 to help protect their kidneys.

You can help to lower your BP by:

- ☐ Keeping salt in your diet to a minimum
- ☐ Maintaining your weight in the normal range – eat healthily and exercise often.
- ☐ Limiting your alcohol intake to a maximum of 14 units per week for women and 21 units per week for men.
- ☐ Taking medication prescribed by your doctor to lower your blood pressure.

PLOT BP OVER TIME

Write BP result in nearest box below date.

Systolic BP ●●●●● Diastolic BP

Ideal BP is below 130/80 in those with diabetes and below 130/70 in those with microalbuminuria.

BP (mm/Hg)	Date:																		
210																			
205																			
200																			
195																			
190																			
185																			
180																			
175																			
170																			
165																			
160																			
155																			
150																			
145																			
140																			
135																			
130																			
125																			
120																			
115																			
110																			
105																			
100																			
95																			
90																			
85																			
80																			
75																			
70																			
65																			
60																			

Date	HbA1c mmol/ mol (%)

Date	HbA1c mmol/ mol (%)

What is HbA1c?

Haemoglobin (Hb) is the compound in the red blood cells that transports oxygen. When glucose enters the blood stream it attaches itself to the haemoglobin forming the A1c subtype. Therefore, the more glucose in the bloodstream, the higher the HbA1c level will be. As a red blood cell lives between 8–12 weeks, the amount of glucose attached to it has time to build up. Therefore, testing HbA1c levels shows how high your blood glucose has been over the last 3 months.

What does an HbA1c result mean?

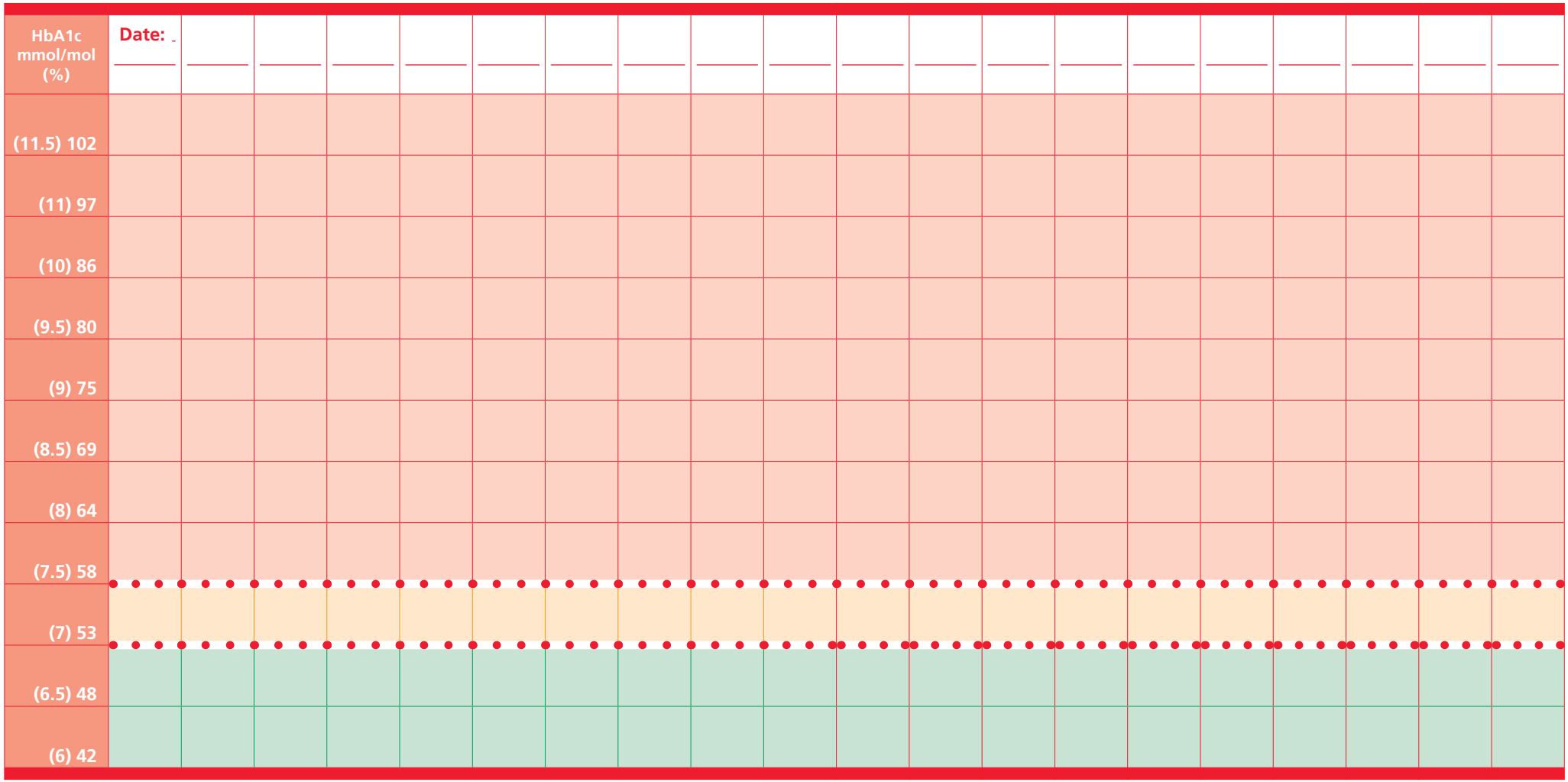
This blood test tells us how well your diabetes has been controlled in the 3 months before the test. A normal non-diabetic HbA1c is below 37mmol/mol (5.5%). A well controlled diabetic should be in the range of 48–53mmol/mol (6.5–7%). If it is more than 58mmol/mol (7.5%) your blood glucose levels have been too high for most of the time and you need to reduce your carbohydrate intake or increase your medication. Remember, the HbA1c is not the same as the blood glucose test that only reflects the blood glucose at one isolated point in the day.

Why is it important?

Blood glucose levels in the normal range (HbA1c 53mmol/mol [7%] or less) reduce the risk of complications related to diabetes, such as damage to the eyes, kidneys, circulation and nerves to the feet.

PLOT HbA1c OVER TIME

Plot your HbA1c result on the graph below.
Try and keep your level below 53mmol/mol (7%)



Date	Total Cholesterol	HDL mmol/l	LDL mmol/l

What is cholesterol?

Cholesterol is a type of fat made by the liver. We also get a small amount from our diet. Cholesterol is found in everyone's blood, but people with diabetes can have higher amounts of it.

High Density Lipoprotein (HDL), or 'good' cholesterol, carries cholesterol away from the blood vessels to be broken down by the body.

Low Density Lipoprotein (LDL), or 'bad' cholesterol, can slowly build up in the blood vessels, together with other substances, and form a blockage. A high LDL cholesterol level is a risk factor for cardiovascular disease (CVD) i.e. heart attacks. People with diabetes should get their blood fats checked at least once a year, as part of their annual review.

Ideally total cholesterol levels should be below 4 mmol/l. Total cholesterol includes HDL and LDL cholesterol. Considered individually, HDL cholesterol should be above 1mmol/l for men and above 1.2mmol/l for women and LDL cholesterol should be below 2mmol/l.

Triglycerides should be below 1.7mmol/l.

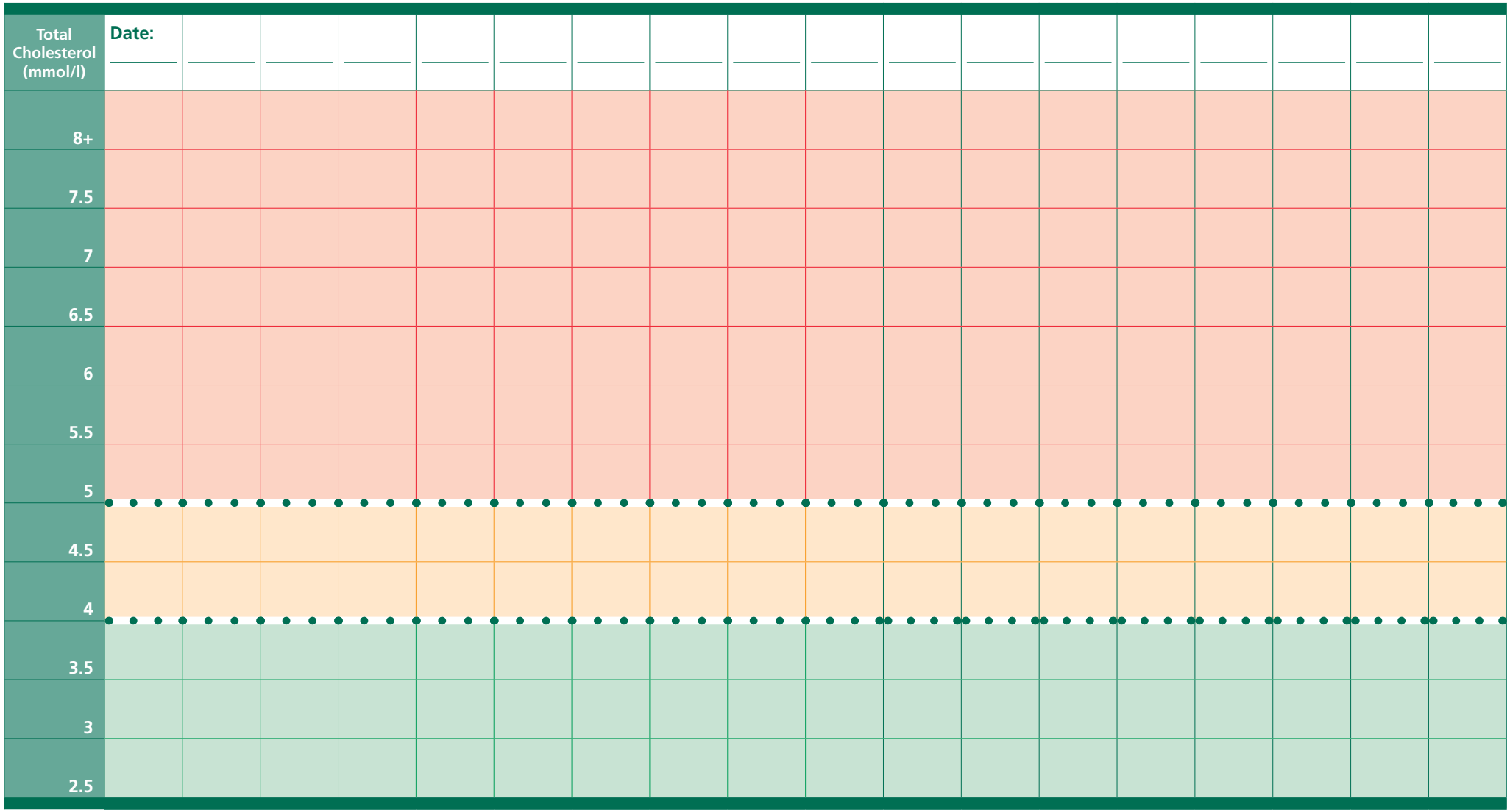
You can help to reduce your cholesterol by:

- ☐ Restricting your saturated fat intake (e.g. full fat milk, cheese, butter, ghee, red meat, coconut, chocolate, cakes and biscuits). Choose monounsaturated fats instead, e.g. olive, rapeseed and groundnut oil
- ☐ Eating more fruit and vegetables, as well as oats, beans and pulses
- ☐ Regular physical activity and losing weight;
- ☐ Limiting alcohol intake.

Research has shown that taking your statin tablets, even if you do not have high total cholesterol, can reduce the risk of a heart attack by 37% and strokes by 48%.

SO REMEMBER TO TAKE YOUR TABLETS!

Plot your values on the graph above.
Try and keep values below 4mmol/l.



Date	ACR

Date	ACR

This urine test tells you if you have any **albumin** (protein) in your urine which is the earliest sign of damage to the kidneys. This is known as **microalbuminuria** which is also associated with an increased risk of heart disease so it is important to treat all risk factors for heart disease as well as kidney disease. Unless controlled, the damage will get worse and larger quantities of protein leak into the urine, known as proteinuria. The amount of albumin in the urine is expressed as a ratio to the amount of creatinine, a muscle protein (which is relatively constant in the urine).
ACR = Albumin divided by Creatinine.

For men the ACR should be less 2.5 mg/mmol and for women, it should be less than 3.5mg/mmol. (The ACR is lower in men as due to bigger muscle bulk, they will have more creatinine in the urine).

The ACR can go up in infection or after exercise so the test needs to be repeated 2–3 times to ensure that it is due to early kidney disease and not due to something else.

How can I protect my kidneys if the tests aren't in the normal range?

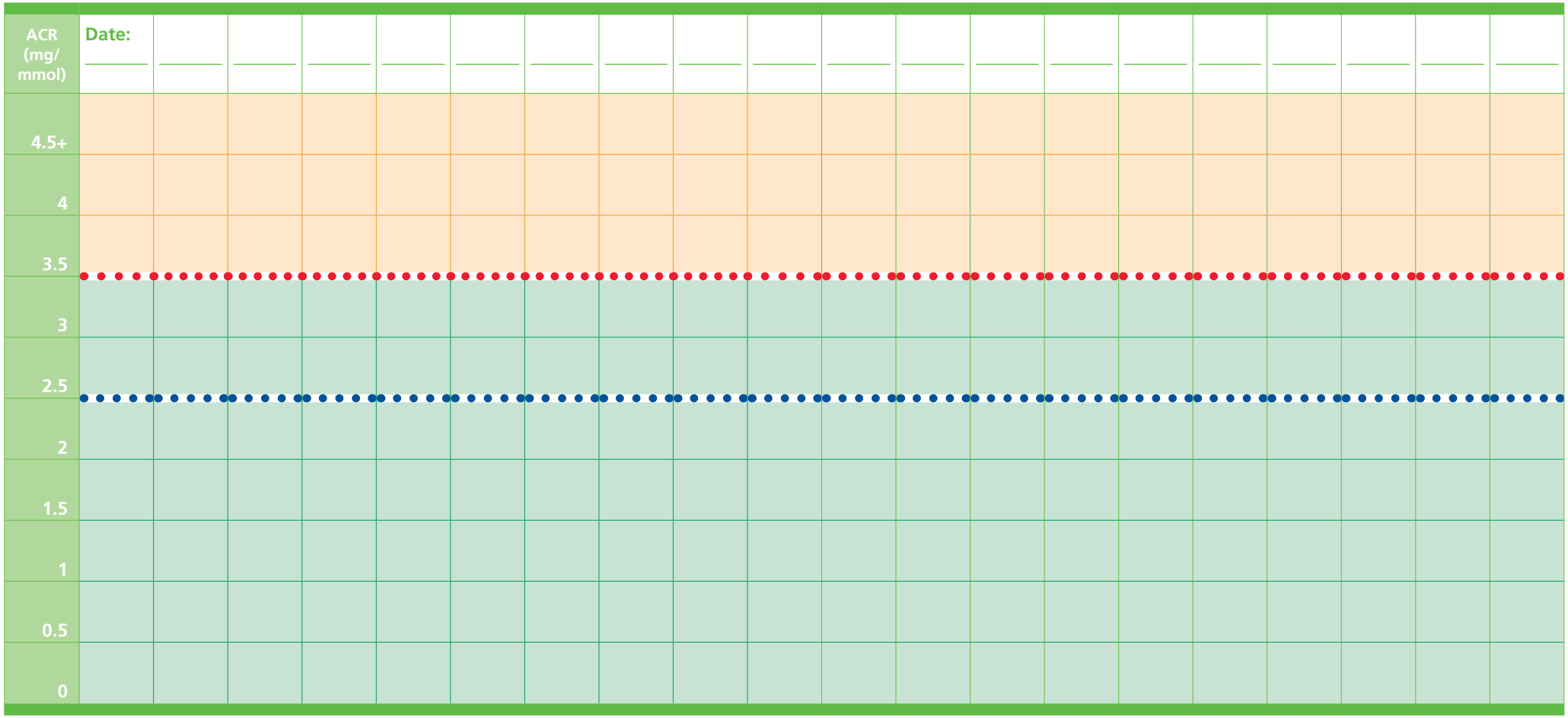
Good control of diabetes – aim for HbA1c below 53mmol/l (7%)

Good control of blood pressure – aim for 130/80 or less

Tablets called ACE inhibitors or blood pressure tablets will be prescribed to slow down the kidney damage.

ACR should be less than 2.5mg/mmol for men

ACR should be less than 3.5mg/mmol for women



Date	eGFR ml/min

Date	eGFR ml/min

What is eGFR?

The **estimated Glomerular Filtration Rate or eGFR** is used to assess how well your kidneys are working. It estimates the volume of blood that is filtered by your kidneys in the courses of a minute, taking into account your age, gender and ethnicity.

The eGFR is calculated from a blood test which measures a chemical called creatinine, a breakdown product of muscle, which is normally cleared from the blood by the kidneys.

eGFR range:

- **90 or above:** Full kidney health – annual blood and urine tests.
- **60-90:** Probably normal kidneys – at least annual blood and urine tests.
- **45-60:** Kidneys require monitoring at least every 3-6 months.
- **15-45:** Kidneys require more frequent monitoring. Consider referral to kidney specialist team.
- **under 15:** Kidneys are failing and need to be monitored by diabetes kidney team.

eGFR (ml/min)	Date:																			
90																				
85																				
80																				
75																				
70																				
65																				
60																				
55																				
50																				
45																				
40																				
35																				
30																				
25																				
20																				
15																				

NB: Watch for decline in eGFR by more than 5 ml/min over one year or by more than 10ml/min over five years.

Why do I need to have my eyes checked?

When there are prolonged periods of high blood glucose and/or high blood pressure, damage can occur to the tiny blood vessels inside the retina, the light-sensitive tissue at the back of the eye. This damage to the retina is called retinopathy.

Initially, these retinal changes are symptomless and can only be picked up by screening (looking at the back of the eye and taking a picture with a camera). Once you have eye changes, they are irreversible. The earlier stages can be treated with laser therapy to prevent further damage. Also, tighter blood glucose and blood pressure control will help reduce progression.

Therefore, it is important for people with diabetes to have their eyes checked regularly to help prevent further damage and eventual blindness. Changes in the back of the eye progress from mild to serious.

Date	Examiner/Where did examination take place?	Abnormalities found?	Next check up due?

Why do I need to have my feet checked?

- It is important that your feet are checked regularly as the blood and nerve supply to them can be impaired due to high glucose levels in the blood. You may be unaware at first of a problem as the onset of numbness is gradual, thus the importance of the regular check up. Eventually, you may not be able to feel heat, cold or pain.
- Your pulses (Dorsal Pedal [DP] and Posterior Tibial [PT]) and sensation in both feet will be checked. Also, it is important to let the medical practitioner know immediately if there is any break down of skin or ulcer formation as this requires more care and expertise.
- It is really important for people with diabetes not to smoke as this increases problems of blood circulation to the feet.

Ask the healthcare professional who checks your feet to fill in the record on the right.

Date	Foot Risk Category Low (L) Medium(M) High (H)	Periph Pulses				Sensation		Any problems? Ulcers? Corns? etc	Checked By?
		Left		Right		Left	Right		
		DP	PT	DP	PT				

Goal

Date today: _____

What do I need to change? / What is my target?

Obstacles

Is there anything stopping me changing? How can I be realistic?

Action

What exactly am I going to do to achieve my target? (How, what, when, where)

Outcome

Date of review: _____

What benefits are there if I can achieve my target?

Set an initial goal for which you estimate at least a 70% likelihood of achievement.

Goal

Date today: _____

What do I need to change? / What is my target?

Obstacles

Is there anything stopping me changing? How can I be realistic?

Action

What exactly am I going to do to achieve my target? (How, what, when, where)

Outcome

Date of review: _____

What benefits are there if I can achieve my target?

Set an initial goal for which you estimate at least a 70% likelihood of achievement.

Goal

Date today: _____

What do I need to change? / What is my target?

Obstacles

Is there anything stopping me changing? How can I be realistic?

Action

What exactly am I going to do to achieve my target? (How, what, when, where)

Outcome

Date of review: _____

What benefits are there if I can achieve my target?

Set an initial goal for which you estimate at least a 70% likelihood of achievement.

Goal

Date today: _____

What do I need to change? / What is my target?

Obstacles

Is there anything stopping me changing? How can I be realistic?

Action

What exactly am I going to do to achieve my target? (How, what, when, where)

Outcome

Date of review: _____

What benefits are there if I can achieve my target?

Set an initial goal for which you estimate at least a 70% likelihood of achievement.

Goal

Date today: _____

What do I need to change? / What is my target?

Obstacles

Is there anything stopping me changing? How can I be realistic?

Action

What exactly am I going to do to achieve my target? (How, what, when, where)

Outcome

Date of review: _____

What benefits are there if I can achieve my target?

Set an initial goal for which you estimate at least a 70% likelihood of achievement.

Some of these may affect you at some time during your life. It is important that you can talk to your healthcare professional about them:

- ☐ Sexual problems
- ☐ Impotence/erection problems
- ☐ Contraception
- ☐ Alcohol intake and illegal drugs
- ☐ Thinking of having a baby
- ☐ Travel
- ☐ Flu, pneumococcal and other vaccinations
- ☐ Dietary advice
- ☐ Medic-Alert bracelet/card
- ☐ Driving and DVLA
- ☐ Insurance
- ☐ Benefits e.g. disability living allowance for children under 16 years
- ☐ What do I do if I miss my medication or take the wrong dose?

Notes and Questions to Ask Your Doctor

This pilot is supported by a grant from SANOFI. March 2014.