**Please complete below if starting Hybrid Closed Loop system (pump linked to sensors):**

|  |  |
| --- | --- |
| Most recent HbA1c result (advise of last done at King’s College Hospital) |  |
| Date for above HbA1c result |  |
| Date of last eye screening appointment |  |
| Result of last eye screening appointment / Any active eye disease? |  |
| Currently having any active treatment for eyes? |  |
| Email copy/email picture of most recent eye screening letter if able |  |
| Do you have a blood ketone testing meter and ketone strips? Which type? |  |
| Do you have back up insulin pens and needles (both long acting and bolus insulin)? |  |
| If no, which long acting and bolus insulins did you use pre pump? |  |
| Please comment if not able to manage virtual education and training and require face to face appointment instead |  |