

ENDOCRINOLOGY & DIABETES UNIT

Diabetes Clinic

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Name: Name

DOB: DOB

BCCH#: BCCH

PHN: PHN

DIABETES EDUCATOR NOTE

OVERVIEW

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BLOOD GLUCOSE LEVELS/INSULIN DOSES

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PLAN/INTERVENTION

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NOTES/FOLLOW-UP

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Date: Date	Educator: Educator
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EDUCATOR NOTE #2

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Date:	Educator:
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EDUCATOR NOTE #3

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Date:	Educator:
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