FreeStyle Libre 2

Medical Aid Reimbursement Checklist

Please tick (✓) applicable box

1. PERSONAL DETAILS

☐	Name and Surname of the Patient
☐	Medical Aid Name and Number
☐	Main Member ID Number
☐	Contact Number

2. HEALTHCARE PROFESSIONAL DETAILS (HCP) *(Preferably on formal letterhead)*

☐	Name and Surname of HCP
☐	Practice Name and Number
☐	Specialty
☐	Please include dietician and/or diabetes nurse educator's details if applicable

3. CLINICAL DETAILS

☐	Prescription
☐	ICD 10 Diagnosis
☐	Date of Diagnosis
☐	LADA (If applicable) Date and Blood result
☐	Height and Weight
☐	SMBG: Frequency of testing and 30 days download
☐	Last two HbA_{1C} reports and dates (last report not older than 30 days)
☐	List Current Co-morbidities
☐	History of hypoglycemia, dawn phenomenon and DKA
☐	Any Hospital Admissions
☐	Casualty, out-patient or frequent HCP visits

4. TREATMENT REGIME

☐	Full Diabetes Regime
☐	Was there a change in treatment the past 3 months? Specify.
☐	Other medication, for? Coeliac disease, Anti-coagulants, Cortisone, HRT, isotretinoin, Niacin etc. which might have an impact on blood results.

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Please tick (✓) applicable box

5. CLINICAL REPORTS AND DOCUMENTS TO BE ATTACHED

☐	HbA_{1C} (last two)
☐	SMGB logbook / glucose download or CGM download
☐	History of CGM - comparison and improvements to be mentioned
☐	LADA results
☐	Dietician report if available

6. QUALITY OF LIFE/ DAILY ACTIVITY, LIFESTYLE AND PROFESSIONAL

Report of patient's quality of life	Y Yes	N No
Report of patient's daily activity	Y Yes	N No
Does the patient's chronic disease have an impact on their quality of life or daily activity?		
Specify		

7. EXAMPLES OF HARM AND POSSIBLE HARM

☐	Using insulin: already a risk factor on its own, due to absorption and variability
☐	Risk factors affecting diabetes - specific to patient (https://diatribe.org/)
☐	Driver/ frequent driver (representative, etc.)
☐	Stressful working conditions/ or can't always test (doctor consulting, nurses, firefighter, etc)
☐	Student/ scholar - exam - not always possible to leave during exams, etc
☐	Any other excessive stressful situation, such as glucose control, anxiety, family pressures, etc
☐	Extreme heat I cold exposure (Work conditions -example work in butchery)
☐	Frequent exercise and training program and possibility of sunburn
☐	Frequent infections/ illness and risks due to immunity (bladder infections, etc.)
☐	Puberty, periods (menstruation) and hormonal changes
☐	Fear of needles - resulting in non-testing and non-compliance
☐	Child: parent and teacher anxiety, remote monitoring, nocturnal testing (interrupted sleep)
☐	Patient is on anticoagulants, and cannot perform fingerstick testing
☐	Other examples: one arm, or has mental retardation, etc
☐	Patient has Parkinsons or excessive tremors, etc

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