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DIABETIC REPORT

Physician and Applicant: The OccuPaws Guide Dog Association does not have a nurse on staff. Applicant must be capable of administering his/her own injections and must be responsible for maintaining an appropriate lifestyle. Our protocol is to call 911, should the applicant need assistance.

Applicant's name: _____

Is Applicant: Type I Type II Stable Brittle

Last Insulin reaction: _____ please describe: _____

Are Insulin reactions frequent? _____

Are Insulin reactions severe? _____

What can be offered in the event of a reaction? _____

Date of last hospitalization due to: Hypoglycemia _____ Hyperglycemia _____

Diet: _____

Oral Medication: _____ Daily Dosage _____

Insulin Name: _____ Daily Dosage _____

Does Applicant utilize an Insulin pump? Yes No

If yes please list any special instructions _____

Can Applicant self-administer Insulin? _____ Can Applicant adjust his/her own Insulin? _____

Please indicate any special instructions or suggestions _____

I understand the protocol of The OccuPaws Guide Dog Association and certify that the above information is true and correct.

 Physician's Signature Applicant's Signature

 please print name please print name

 date

 date