

ASSISTANCE WITH BLOOD GLUCOSE LEVEL MONITORING

Participant's Details	
Name:	Date:

REQUEST ASSISTANCE WITH BLOOD GLUCOSE LEVEL MONITORING

I request Australian Quality Care to assist me with monitoring my blood glucose (sugar) levels. In receiving this assistance, I understand that:

- Australian Quality Care has provided me with a copy of the *NDSS Blood Glucose Monitoring* fact sheet explaining **why, how, and when** to monitor blood glucose levels.
- I must provide Australian Quality Care with a copy of my Diabetes Care Plan given to me by my doctor or diabetes health professional, where available.
- Australian Quality Care is authorised to store all my blood glucose level equipment in a locked and secure area.
- Australian Quality Care will operate and maintain my blood glucose equipment according to manufacturer's instructions.
- Australian Quality Care will record my blood glucose levels at the times agreed upon by my doctor or diabetes health professional, or at the times stipulated in my Diabetes Care Plan.
- If my blood glucose level is recorded as lower or higher than the levels recommended in my diabetes care plan, Australian Quality Care will follow the directions in my Diabetes Care Plan.
- Australian Quality Care will monitor the expiry date for test strips, lancets and needles and reorder more when required.
- Australian Quality Care may be advised by my doctor or diabetes health professional to prompt me to get bloods and other specimens when required.
- Australian Quality Care will **NOT** administer any form of injection though will observe me when necessary.
- Should I miss taking a reading at the times specified in my Diabetes Care Plan, or if I refuse, I do so at my own risk and Australian Quality Care may notify my doctor or diabetes health professional.

Signature of Resident

*Or signature of person acting on authority under Guardianship Administration Act 2000 or Powers of Attorney Act 1998 for the person named above, OR an Informal Decision Maker (must have an Informal Decision Maker Details Form-1066 signed) for the person named above.

Print Name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

In the presence of (Witness)

Print Name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>