

FORM # 2: CAMP JORDAN: MEDICAL INFORMATION
(TO BE FILLED OUT BY CAMPER'S DIABETES DOCTOR -- Note: This is a 4 page document)

Name of camper _____ Sex ____ Birth date _____

Physician's name _____ Office phone _____

Address _____

1. When was diabetes first diagnosed? (Month/year) _____

2. Does this camper use a pump? ____ *Must complete pump information later in this document.*

3. Diabetic control: General range of reported BG tests _____

Please report a glycohemoglobin (Hb A1 or A1c) done between Jan. 1 and July 1:

Date: _____ Result: _____% Normal range: _____ - _____

Frequency of hypoglycemia: _____ Any unusual symptoms or predisposition to seizures or loss of consciousness? _____ If yes, please describe:

4. Does child have other chronic medical conditions other than diabetes? ____ If yes, please describe:

5. Does child have attention deficit disorder (ADD) or hyperactivity (ADHD)? _____

6. Other medications child is taking (name, indication, dosage):

7. Hospitalizations in past 12 months (please indicate reasons):

8. Known Allergies: _____

9. Date of last tetanus immunization, if known _____

10. EMOTIONAL PROBLEMS: (This camp is not staffed to handle severe emotional problems and learning disabilities):

11. Compliance with diabetic regimen (circle): good / fair / poor
Comments:

12. Are there any special circumstances which might make diabetes camp especially helpful for this child?

(Please complete reverse side)

Note: To simplify the registration process on the first day of camp, we are asking you to complete and record a physical exam on your patient in your office.

Name _____

Height _____ Weight _____ BP ____/____

Skin: any lipohypertrophy? _____

other skin changes _____

HEENT: normal ____ abnormal (please describe) _____

Lymph nodes: normal ____ enlarged (describe) _____

Lungs: normal ____ abnormal _____

Cardiac: normal ____ abnormal _____

Abdomen: normal ____ abnormal _____

any hepatomegaly? _____

Extremities: any pain or tenderness? ____ describe _____

Other significant findings:

PHYSICIAN'S SIGNATURE _____ **DATE OF EXAM** _____

Physician's address: _____

Phone: _____

(Along with part 2 of this form, please give to parents to send to Camp Jordan with other forms. If necessary to fax: 757-566-8803)

FORM # 2 continued: CAMP JORDAN: MEDICAL INFORMATION (Part 2—Insulin Information)

Name of Camper: _____

Current Insulin Schedule & Doses: (specify if not using human insulin)

Using chart below, please give detailed description of regimen with time and types of insulin used. If your child is on multiple daily injections/Intensive management or an insulin pump, please complete info below chart. *If you are using a Luxura, Memoir, Pen Jr. or an Inject-Ease to administer insulin, please, bring this device to camp.*

Insulin Brand (please circle)	Rapid or Short Acting Insulin	Intermediate Acting Insulin	Mixed Insulin	Long Acting Insulin
Novo Nordisk	Novolog FlexPen or Vial or Cartridge AM dose _____ PM dose _____ Regular AM dose _____ PM dose _____	NPH AM dose _____ PM dose _____ Bedtime _____	70/30 Pen or Vial AM dose _____ PM dose _____ 70/30 Mix Pen or Vial AM dose _____ PM dose _____	Levemir Pen or Vial Time _____ Dose _____
Lilly	Humalog Pen or Vial or Cartridge AM dose _____ PM dose _____ Regular AM dose _____ PM dose _____	NPH AM dose _____ PM dose _____ Bedtime _____	70/30 Pen or Vial AM dose _____ PM dose _____ 75/25 Pen or Vial AM dose _____ PM dose _____ 50/50 Pen or Vial AM dose _____ PM dose _____	
Aventis	Apidra Pen or Vial or Cartridge AM dose _____ PM dose _____			Lantus Solostar or Vial Time _____ Dose _____

I : CHO Ratio (Insulin:Carb)	Breakfast _____	Correction Factor/ Sensitivity (how much does 1 unit lower BG?)	Day time: _____	Target BG:	
	Lunch _____		Night time: _____		Daytime: _____
	Dinner _____				Night time: _____
	Snacks _____				

FORM # 2--Continued: CAMP JORDAN: MEDICAL INFORMATION (Part 2, pg 2—Insulin Information)

Camper Name: _____

For Insulin Pump Users Only:

We MUST know the type of pump & sets used in order for those supplies to be provided at camp, otherwise we will not have your supplies.

Please indicate Pump Brand & Model Number (circle):

(Found on Back of your pump)

Medtronic/MiniMed 508
 Medtronic Paradigm 511 512 515 715 522 722
 Deltec/Cozmo 1700 1800
 Animas 1000 1200 1250 2020
 OmniPod
 Other: _____

Please indicate type of set used in insulin pump (circle):

Silhouette Tender Comfort Rapid Sof-set UltraFlex
 Quick-Set Inset Inset 30 Cleo Sure-T/Contact Detach Bent Needle

Length of Tubing: 23-24 (60mm) 32-36 (80mm) 42-44 (110mm)

Length of Canula: 6mm 9mm 13mm 17mm

Time (am/pm)	Basal Rate

Type of Insulin Used in Pump (circle):

Novolog
 Humalog
 Apidra

Continuous Glucose Sensor (circle): DexCom Medtronic Guardian Medtronic RT

****Sensors will not be provided by the camp, please, bring twice the number that you would normally wear for your camp session (A minimum of 3 sensors should be brought to camp). Because of the potential for hot & humid weather, we will store the sensors in the Camp Jordan medical building during camp. Any sensors not used will be returned at the end of camp (if campers remember to ask for them at check out on the last day of camp).**