

SELF-MONITORING BLOOD GLUCOSE LEVELS DECLARATION

Resident's Details	
Name:	Date:

By signing below, I declare that I will be monitoring my own blood glucose (sugar) levels and do not require any assistance.

My responsibilities in monitoring my own blood glucose levels:

- Monitoring the expiry date for test strips, lancets and needles and reordering more when required.
- Recording 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.
- Carrying out treatment according to my Diabetes Care Plan should my blood glucose level be recorded as lower or higher than the recommended levels.
- Ensuring that I get bloods or other specimens taken if advised by my doctor or diabetes health professional.
- Informing my doctor or Skymac staff of any difficulties that I may encounter while monitoring my blood glucose levels.
- Ensuring that my own blood glucose level equipment is always maintained in accordance with the manufacturer's instructions and stored securely in my room.
- Not to share any equipment or supplies with other people.

Note from Skymac Pty Ltd:

We acknowledge and encourage residents to maintain their independence for as long as possible in a safe and effective manner. As an approved Level 3 supported accommodation facility and registered NDIS Service Provider, we also have a duty of care to ensure that your blood glucose level is managed safely and effectively, and we seek your cooperation to make this possible.

- Skymac maintains the right to inform the treating doctor that you have elected to manage your own blood glucose levels.
- Should your room be unattended and left unlocked/open and staff notice that your monitoring equipment is not secure, the room may be locked immediately.
- Should management become aware that you are misusing your blood glucose equipment or not recording and monitoring in accordance with your treating doctor's orders, management may notify your treating doctor.
- Skymac and its staff do not take responsibility for any residents who manage their own blood glucose levels.
- Should I miss taking a reading at the times specified in my Diabetes Care Plan, I do so at my own risk and Skymac 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-0071 signed) for the person named above.

Print Name

Signature

Date

In the presence of (Witness)

Print Name

Signature

Date