

HELPING HANDS

Please complete this form and then:

1. Fax, email or give it to your local Helping Hands Credentialed Diabetes Educator (CDE), or
2. Give it to your patient to pass on to the local Helping Hands CDE, or
3. Fax or email it to the NovoCare® Customer Care Centre at (02) 8858 3697 or aunrccc@novonordisk.com

Prescribing doctor:

First name: _____ Surname: _____

Clinic address: _____

Email: _____ Phone: (____) _____

Device training

Please instruct this patient on the correct use of the relevant Novo Nordisk insulin delivery device:

(Please tick ✓ the correct box if required) FlexPen® NovoPen® 4

Insulin titration

I have discussed with the patient that their insulin dose will change over time. As well as providing education on hypoglycaemia, hyperglycaemic emergencies, sick day advice, etc, in relation to insulin treatment, please implement the following insulin titration plan:

(Please tick ✓ the box for your selected titration plan if required)

Option 1: Patient-led NovoMix® 30 self-titration (as per guide on the inside cover of both the Physician and CDE Kits)

NovoMix® 30: Injection frequency: **Once-daily** Starting dose: _____ units

Twice-daily

Thrice-daily

Option 2: NovoMix® 30/NovoRapid®/Levemir® custom titration plan. Please specify your custom blood glucose target for this patient and titration regimen below. Be sure to include the prescribed insulin, injection frequency and starting insulin dose. If you require more room, please attach a separate piece of paper, signed and dated.

Guidance for oral antidiabetic medications (OADs)

Doctor signature: _____ Date: ____/____/____

My local Helping Hands CDE is:

First name: Teresa Surname: Di Franco

Email: teresa@perthdiabetescare.com.au Tel: (____) 08 6110 0570

Patient details

Title: _____ First name: _____ Surname: _____

Address: _____ Suburb: _____

State: _____ Postcode: _____ Date of birth: ____/____/____ Daytime telephone: (____) _____

Mobile: _____ Email: _____

- (Please tick ✓)
- Yes**, I have read and agree to the Patient Privacy Statement overleaf
 - Yes**, I give consent to my Doctor being kept informed of my participation and progress in the Helping Hands Program
 - Yes**, I give consent to my Diabetes Educator being kept informed of my participation and progress in the Helping Hands Program

Patient signature: _____ Date: ____/____/____

Each patient
will receive:

- **Up to 2 hours** of CDE contact/education for patients newly initiated on NovoMix® 30, NovoRapid® or Levemir®
- **Up to 1.25 hours** of CDE contact/education for existing insulin users implementing dose titration, intensifying their insulin regimen or switching to NovoMix® 30, NovoRapid® or Levemir®

Based on the patient's needs, the CDE contact may be face-to-face or via telephone/email, or a combination of these options.

Patient Privacy Statement: Novo Nordisk Pharmaceuticals Pty Limited ('Novo Nordisk') complies with the Privacy Act 1988 (Cth) to ensure that your personal information is protected. Novo Nordisk will collect and use your personal information to enroll you in and help administer the Helping Hands Program, including providing you with materials and services you request and contacting you for follow-up purposes related to the program. If you provide your email address on this form, you also consent to Novo Nordisk using your email address to contact you for any of these purposes. Novo Nordisk will maintain the confidentiality of your personal information and will only use that information to provide services related to this program. Novo Nordisk may use information that it collects as part of the Helping Hands Program in a de-identified form to advise healthcare professionals of patient experiences with Novo Nordisk insulin products, including via publication in medical journals and presentations at clinical meetings, or to report Adverse Event information as required by law. You understand that medical professionals contracted to the Helping Hands Program may have access to your information supplied during the program for the purposes of managing your support while on the program. Unless you inform us otherwise, by submitting this form, you consent to Novo Nordisk collecting, using and disclosing your personal information in this way. If you do not provide the information to use, we will be unable to enrol you in the Helping Hands Program, although you will still be able to call Novo Nordisk on 1800 668 626 if you have any queries directly related to Novo Nordisk insulin products. You are able to withdraw from the Helping Hands Program at any time by advising us in writing at Helping Hands, Novo Nordisk, Level 3, 21 Solent Circuit, Baulkham Hills NSW 2153. If you have any questions, concerns or complaints about our privacy policy or practices, please contact the Privacy Officer, Novo Nordisk Pharmaceuticals Pty. Ltd. Level 3, 21 Solent Circuit, Baulkham Hills NSW 2153, Australia.

Physician Privacy Statement: Novo Nordisk Pharmaceuticals Pty Limited ('Novo Nordisk') complies with the Privacy Act 1988 (Cth) to ensure that your personal information is protected. Novo Nordisk will collect and use your personal information for the purposes of coordinating and administering the Helping Hands Program, including sharing your contact information with Credentialed Diabetes Educators (CDEs) participating in the Helping Hands Program. If you provide your email address on this form, you also consent to Novo Nordisk using your email address to contact you for any of these purposes. Novo Nordisk will maintain the confidentiality of your personal information and will only use that information to provide services related to this program. Unless you inform us otherwise, by submitting this form, you consent to Novo Nordisk collecting, using and disclosing your personal information in this way. If you do not provide the information to use, we will be unable to enrol you as a physician in the Helping Hands Program, although you will still be able to call Novo Nordisk on 1800 668 626 if you have any queries directly related to Novo Nordisk insulin products. If you have any questions, concerns or complaints about our privacy policy or practices, please contact the Privacy Officer, Novo Nordisk Pharmaceuticals Pty. Ltd. Level 3, 21 Solent Circuit, Baulkham Hills NSW 2153, Australia.