

Completed form can be:

1. Faxed, emailed or handed to your local Helping Hands Credentialed Diabetes Educator (CDE); or
2. Faxed or emailed to the NovoCare® Customer Care Centre at **(02) 8858 3697** or **aunrccc@novonordisk.com**

Device training

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

NovoPen Echo®

Insulin titration

Provide education in relation to insulin treatment (e.g. hypoglycaemia, hyperglycaemic emergencies, and sick day advice) and 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

Starting dose: _____ units

Thrice-daily

Starting dose: _____ units

Option 2: NovoMix® 30 / NovoRapid® / Levemir® custom titration plan.

Patient's custom blood glucose target and titration regimen are:

(The following information is required: prescribed insulin, injection frequency and starting insulin dose)

If there is insufficient space to provide the required information, please attach additional page signed and dated.

Prescribing doctor:

(Dr Name, Clinic Address, Phone)

My local Helping Hands CDE is:

Name _____

Phone _____

Email _____

I have discussed with the patient that their insulin dose regimen may change over time.

Doctor signature _____ Date ____/____/____

Patient details

Name _____ DOB ____/____/____ Insulin Status: Newly initiated Already on insulin

Address _____ State _____ Postcode _____

Phone (____) _____ Email _____

By signing this form you agree that you have read and agreed to the Patient Privacy Statement overleaf and that you give consent to your Doctor and Diabetes Educator being kept informed of your 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®

And up to 30 minutes of additional time is available for patients with learning considerations

Based on the patient's needs, the CDE contact may be face-to-face or via phone/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 enrol 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. Novo Nordisk may use information that it collects as part of the Helping Hands Program in a de-identified form to report Adverse Event information as required by law. 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.

Disclosure of Payments to a Healthcare Professional: Novo Nordisk Pharmaceuticals Pty Ltd ABN 40 002 879 996 will pay a healthcare professional for providing the education and training services as part of this Program, at a rate of \$80 (ex GST) per hour which will be charged in units of 15 minute blocks.