

**FreeStyle Libre® 2+ contract/agreement for adults (19 years and over).**

<b>Name:</b>		<b>DOB:</b>	
<b>NHS No:</b>		<b>Serial No:</b>	
<b>Sensor Type:</b>	FreeStyle Libre® 2+	<b>Training provided by:</b>	
<b>Monitor Type:</b>	FreeStyle Libre® 2 reader / FreeStyle Libre Link app (delete as appropriate)	<b>Training Venue:</b>	
<b>Training Date:</b>		<b>Date GP commenced FreeStyle Libre® 2+:</b>	
<b>Date Commenced FreeStyle Libre® 2+:</b>			

- I..... (PATIENT), have undertaken comprehensive training on the use of continuous glucose monitoring using a FreeStyle Libre® 2+ sensor and reader/app).
- I am fully aware of the motivation and commitment required to gain maximum benefit from the blood measurements each day.
- I understand that I will be supplied FreeStyle Libre® 2+ sensors by the specialist team for at least three months before my GP is asked to take over prescribing.
- I am willing to work with my diabetes team with regards to the aforementioned criteria that will be reviewed in clinic, and I will contribute by regularly downloading the FreeStyle Libre® 2+ and handset information for the team to review in-between clinics.
- I understand that I must attend any education sessions planned with the team on a yearly basis, and that I must attend my appointments to gain maximum benefit from my FreeStyle Libre® 2+ device. I agree to attend these yearly sessions to keep up to date with my FreeStyle Libre® 2+ and its updates and education.
- I understand that I must scan glucose levels at least eight times a day, if using the libre 2 reader
- I will be supplied two sensors every **30** days.
- I agree that I must also attend any reviews specified by the GP Practice.

Signature (patient) ..... Date.....

Signature (GP) ..... Date.....