

FreeStyle Libre® 2 contract/agreement for adults.

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

- I..... (PATIENT), have undertaken comprehensive training on the use of flash glucose monitoring using a FreeStyle Libre 2® sensor and monitor/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® 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, over 70% of the time. I will be supplied two sensors every 28 days.
- I agree that I must also attend any reviews specified by the GP Practice.

Signature (patient) Date.....

Signature (GP) Date.....