Confidential Health Information

This form will be used by Animas to help identify your specific clinical indications that are in line with an insurance company's medical criteria for covering an Animas® Insulin Pump.

Tell us about yourself.		
Your name:	Date of birth:	Telephone:
Physician name:	Date diagnosed with diabetes:	
☐ Type 1; ☐ Type 2		
How do you manage your diabetes?		
Current # of blood glucose (BG) tests per day:	Insulin therapy (check one): ☐ Insulin pump; ☐ Injections; ☐ Other	
Date last seen:	Have you completed the education program: ☐ Yes; ☐ No	
If injections, # of injections per day:	Current pump purchase date: Month ________ Day ___ Year _____	
Last two HbA1c lab results: ___________ HbA1c, ___________ Date: ___________		

Tell us about your diabetes.	
Do you have consistently higher glucose values in the morning than when you go to bed?	☐ Yes; ☐ No
Do you consider yourself extremely sensitive to insulin?	☐ Yes; ☐ No
Do you have nighttime hypoglycemia (<70 mg/dL)?	☐ Yes; ☐ No
Do you have recurring hypoglycemia (<70 mg/dL) throughout the day?	☐ Yes; ☐ No
Do you have hypoglycemia unawareness?	☐ Yes; ☐ No
Do you have a history of diabetic ketoacidosis?	☐ Yes; ☐ No
Are you planning a pregnancy?	☐ Yes; ☐ No

Please provide estimates of the following if applicable:

________Number of times you have been below 50 mg/dL within the past 3 months

________Number of paramedic visits within the last year

________Number of low BG events requiring assistance from others in the last year

________Highest BG within the last month

________Lowest BG level within the last month

________Number of diabetes-related hospital visits within the last year (please explain below)

Diabetes-related complications (please list if applicable)

If you are currently on a pump, is your pump working properly? __________________ If no, please explain malfunction

Is there anything else you would like us to know to help support your need for an Animas® Vibe® System?

The Animas® Vibe® Insulin Pump and Continuous Glucose Monitoring (CGM) System is approved for patients 2 and older in the US.

Please fax completed form and front/back of insurance card to Animas at: 1-877-331-7300.

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