



Insulin Pump Checklist - Last updated March 2026

For more information on how to complete this checklist please scan the QR code.

Patient name:	
Patient medical record number:	
Patient date of birth:	
Name of person completing this form: <i>You will be required to sign at the bottom of this form.</i>	
Relationship to child:	

Please return this completed checklist and supporting evidence to diabetesadmin@rch.org.au

Pump Start Checklist		
1. Pump Referral	I acknowledge that a referral has been submitted by my child's Endocrinologist and that without this referral a pump start will not proceed.	<input type="checkbox"/> Yes
2. Complete pump information	The link to the Pump Info Module can be found on our website by scanning the QR code above. <i>Please note selection of an in-person Pump Info session could delay being added to the pump waitlist</i>	Completed <input type="checkbox"/> Yes & evidence attached <input type="checkbox"/> No we would like to attend an in-person pump info session.
3. What is an insulin pump	I/we understand what an insulin pump is.....	<input type="checkbox"/> Yes, and we ready to proceed
4. Benefits and challenges	I/we understand both the advantages and potential challenges of an insulin pump	<input type="checkbox"/> Yes, and we are ready to proceed
5. Complete Carbohydrate Worksheet	You can print a copy of the Carbohydrate Worksheet from our website by scanning the QR code above.	Completed & Attached <input type="checkbox"/> Yes
6. Pump choice	We have researched the pump options available and have chosen to proceed with..... You can find a list of the insulin pumps offered at RCH on our website by scanning the QR code above. <i>Using an insulin pump requires the insertion of a cannula under the skin which is attached to a line however with the Omnipod the whole pump is attached to the cannula.</i>	<input type="checkbox"/> Medtronic 780G <input type="checkbox"/> Tandem t-slim <input type="checkbox"/> Ypso AND <input type="checkbox"/> I /we do not want a trial cannula insertion and are happy to wait until the pump start for a line insertion <input type="checkbox"/> I/we would like to trial a cannula insertion before the pump start OR <input type="checkbox"/> Omnipod and I am/we are aware that trial pods can be accessed directly from the company. https://www.omnipod.com/en-au

7. CGM compatibility	I am/we are aware that an insulin pump requires the use of a continuous glucose monitor (CGM).	<input type="checkbox"/> Yes
8. CGM	My/our child currently uses the following CGM.	<input type="checkbox"/> Libre <input type="checkbox"/> Libre 2 plus <input type="checkbox"/> Libre 3 <input type="checkbox"/> Dexcom G7 <input type="checkbox"/> Dexcom G6 <input type="checkbox"/> Other _____
9. Change of CGM	I am/we are aware that we may be required to change our model of CGM depending on the type of insulin pump we choose.	<input type="checkbox"/> Yes
10. Training schedule	I am/we are committed to attending the series of appointments required for a pump start and understand that if an appointment is rescheduled, this will affect all appointments. (attendance letters can be provide on request)	<input type="checkbox"/> I/we understand and are ready to proceed <i>The list of all necessary appointments can be found on our website by scanning the QR code at the top of this document.</i>
11. Funding	<p>I/we will be accessing funding for the pump via....</p> <p>Your checklist will not be processed without evidence of your funding choice attached.</p>	<input type="checkbox"/> Private health insurance and have completed the waiting period <input type="checkbox"/> Private health Insurance pending end of waiting period on __/__/20__ <input type="checkbox"/> Private health insurance using a Loan to Own program (<i>you must have at least 4mths left on the waiting period</i>) <input type="checkbox"/> Breakthrough T1D (prev. JD RF) <i>Please ensure that you submit your application for funding prior to returning this checklist.</i> <input type="checkbox"/> Charitable organisation namely _____ AND <input type="checkbox"/> Evidence of above is attached OR <input type="checkbox"/> Self-funding (\$8500-9000)
12. Support	I/we have spoken to our child's daycare/kinder/school about the planned change to an insulin pump	<input type="checkbox"/> Yes <input type="checkbox"/> Not yet but will do this prior to the pump start
13. Access to reports	We have access to a computer/laptop with an internet connection and agree to look at the reports that the insulin pump can provide.	<input type="checkbox"/> Yes <input type="checkbox"/> Not yet but understand that this is necessary before starting an insulin pump
14. Pump Start	I/we understand that it is only once this checklist has been fully completed, including all necessary evidence supplies and any requested follow up completed that I/ we will be added to the pump waitlist.	<input type="checkbox"/> I/We understand and have included all necessary attached documents: <ul style="list-style-type: none"> <input type="checkbox"/> Evidence of Pump Info Module Completion <input type="checkbox"/> Completed Carbohydrate Worksheet <input type="checkbox"/> Evidence of eligibility for chosen funding

If you have questions regarding this process, please email your questions to diabetes@rch.org.au

Date:

Signature: