

Diabetes Services Referral Form

Patient Details			Referrer Details	
Title:	First name	Surname:	GP Name:	
Address:			Address:	
Post Code:			Post Code:	
Telephone No:			Telephone No:	
Mobile:			GP's Fax No:	
Date of Birth:	D.O.B:	Age:	Date_of referral:	
Gender:				
NHS No:			Priority	Routine <input type="checkbox"/> Urgent <input type="checkbox"/>
Advocate req:	Yes <input type="checkbox"/> No <input type="checkbox"/> Language		Transport requirements:	Needs transport <input type="checkbox"/> Please specify

Ethnicity:

<p>* All newly diagnosed Type 1 patients – please bleep Medical Registrar on call NUH</p> <p>* Diabetes in pregnancy – please contact NUH bleep 909</p> <p>* Children under 16yrs – bleep Paediatric SHO</p> <p>* Other non-emergency contacts: Jenny Hurley (DSN patients under 16yrs) 07949 075750 Dr Abdul Moodamabil 020 7363 8462 (Secretary Wendy Hawkins) Fiona Pullen or Rita Sudra (DSN patients 16-25yrs) 07812593790</p>

Please tick the service (s) you wish to refer in to:

Education:	
Type 1 – newly diagnosed / established diabetes	
DAFNE	<input type="checkbox"/> Dose Adjustment For Normal Eating Intensive 5 day (consecutive) course, provides people with the knowledge and skills necessary to calculate the carbohydrate in each meal and to adjust their insulin dosages
N.B Places are limited, dietitians also provide carbohydrate counting, please refer directly to the dietetics service	
Type 2 – newly diagnosed	
Conversation maps	<input type="checkbox"/> English speaking ('Managing my diabetes' & 'Diabetes and healthy lifestyle') 1 x 4 hour session (DSN & Dietitian)
Non-English Education Group Session	<input type="checkbox"/> Non English speaking (provided in Urdu, Gujarati, Tamil, Hindi, Punjabi) 1 x 3.5 hour session (DSN, podiatrist & dietitian)
1-2-1 session	<input type="checkbox"/> Appropriate for learning disability, drugs/alcohol abuse/housebound/mental health needs/ minority languages e.g. Polish)
Type 2 – diagnosed >6 months	
Conversation map	<input type="checkbox"/> English speaking ('Experiencing life with diabetes') 1 x 2 hour session (DSN & podiatrist)
Type 1 & Type 2	
Meter training	<input type="checkbox"/> 30 minute training session in the use of blood glucose monitoring

Consultant Diabetologist service:	
Renal patient with eGFR <30	<input type="checkbox"/>
Pre-pregnancy	<input type="checkbox"/>
Diabetic foot disease (neuropathic or neuro-ischaemic)	<input type="checkbox"/>
Established T1 Diabetes (including assessment for insulin pump therapy)	<input type="checkbox"/>
Established T2 Diabetes & poor control	<input type="checkbox"/>
Young adults 16-25yrs (T1 and T2 DM)	<input type="checkbox"/>
Serious Hypoglycaemic episode(s) +/- impaired hypo awareness	<input type="checkbox"/>
Other (e.g. complex co-morbidities, including mental health needs)	<input type="checkbox"/> please state

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Podiatry:

Urgent Referral	<input type="checkbox"/> Foot ulcer present or foot emergency <ul style="list-style-type: none"> • Refer for urgent appointment by faxing/phone/email: Fax: 020 8223 7973 Tel number: 020 8496 9007 (foot health service), foothealthserviceelft@nhs.net AND email: newham.pbs@nhs.net (Romford Road) stating the form has also been faxed/emailed to foot health. • For out of hours referrals please contact NUH
Full risk assessment	Please indicate the risk classification following the patient's foot examination along with contributing factors <ul style="list-style-type: none"> <input type="checkbox"/> high risk <ul style="list-style-type: none"> <input type="checkbox"/> h/o ulceration <input type="checkbox"/> h/o amputation <input type="checkbox"/> more than 1 of the following neuropathy, absent pulses, deformity, skin changes <input type="checkbox"/> moderate risk <ul style="list-style-type: none"> <input type="checkbox"/> neuropathy <input type="checkbox"/> absent pulses <input type="checkbox"/> other risk factors please state
Patient education *	<input type="checkbox"/> <p>*Newly diagnosed patients should be referral for either conversation maps or Non-English education – which include foot care education</p>
Other	<input type="checkbox"/> please state e.g. neuropathic pain, charcot, low risk nail cutting

Diabetes Specialist Nurse ADULTS:

Established T1 or T2 diabetes	<input type="checkbox"/> Poor control with HbA1c >75mmol/mol (9%) <input type="checkbox"/> Deteriorating control e.g. increase of HbA1c >22mmol/mol (2%) in previous 6 months <input type="checkbox"/> Recent conversion to insulin <input type="checkbox"/> Urgent referral requiring consultation within 2 working days
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Dietetics:

New diagnosis with special needs*	<input type="checkbox"/> e.g. Other significant co-morbidities that will affect diet (learning disability or mental health needs)
Established T2 Diabetes with complications	<input type="checkbox"/> e.g. Off target / complex co-morbidities (renal/cardiac)
Insulin Conversion	<input type="checkbox"/> For review of current diet, tailored support
Other	<input type="checkbox"/> Please state e.g. Type 1 off target, new to the area, carbohydrate counting

*Newly diagnosed patients should be referred for conversation maps or Non-English education sessions – which include dietary advice

Active Problems:

Allergies:

Medication:

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Clinical findings:

<i>Clinical finding</i>	<i>Value</i>	<i>Date</i>
HbA1c		
Blood Pressure		
Creatinine		
eGFR		
BMI		
Weight		
Free T4 level		
Serum TSH level		
Fasting sugar		
Smoking Status		
Serum Cholesterol		
HDL Cholesterol		
LDL Cholesterol		
Triglycerides		
Chol/HDL ratio		
Urine albumin / creatinine ratio		
Microalbuminuria		

Consultations:

Comments: Please enter any additional information here:
