

**Primary Care Referral to Diabetes Specialist Nurse / Dietitian**

**Patient Details:**

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| Hospital no. |       | NHS no. |       |
| Surname |       | Forenames |       |
| Previous surname |       | Title |  | Gender |  |
| Date of birth |       |  |  |
| AddressPost Code |            | Home tel. no. |       |
|  |  | Work tel. no. |       |
|  |  | Mobile no. |       |

**Referral Details:**

|  |  |  |  |
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| Referring clinician |       | Urgent |   |
| GP Practice/ Department |       | New referral?  |  | Re-referral? |  |
| Date of referral |       | Date last seen |       |
| Date of consultation |       | Dates not available |       |

**Communication needs**

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| Newly diagnosed |  |  [ ]  | Date of diagnosis: |       |
| **Established Diabetes** |  |  [ ]  | Date of diagnosis: |       |
| **Current follow-up** | GP |  [ ]  | Hospital  |  [ ]  | Shared | [ ]  |

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| --- | --- | --- | --- | --- | --- | --- |
| Type of Diabetes | Type 1  | **[ ]**  | Type 2  |  [ ]  | Type 2 on insulin  | [ ]  |
| Diabetes treatment including dose(s) and frequency | Other relevant medication      |
| Diet only  | [ ]  |
| Insulin  | [ ]        |
| Oral medication | [ ]         |
| Incretin mimetic (injectable therapy) | [ ]        |

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| --- | --- |
| Relevant results | Home self monitoring Patients being referred for consideration of insulin / other injectables must be blood glucose monitoring at varied times prior to 1st appointment and bring a record with them |
| Fasting blood glucose |       | Blood glucose | [ ]  |
| Random blood glucose |       | Urine testing | [ ]  |
| HbA1c |        | Blood glucose meter (if known) |  |
| Cholesterol  | HDL      LDL       |  |
| Blood pressure  |       | Add ACR (albumin creatinine ratio) |       |
| Weight       | Height       | Body Mass Index |       |

|  |  |
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| Reason for Referral | Other relevant informationeg sight, language, hearing or learning difficulties, social issues, co-existing medical problems, current diabetes issues, etc. |
| Newly diagnosed requiring 1:1 advice (must meet WHO criteria 2011) | [ ]  |       |
| Poor control on maximum oral therapy for assessment | [ ]  |
| Consideration of insulin / other injectable therapy | [ ]  |
| Review / change current insulin regime | [ ]  |
| **Specialist dietry advice (please be specific)**      |
| **Patient on basal bolus needing help with carbohydrate awareness / dose titration**      |
| Note: For referrals to DESMOND type 2 diabetes education programme, please use separate referral form: *DESMOND group education sessions for newly diagnosed type 2 patients*. |

Any questions? Please contact the Diabetes Specialist Nurses on tel. no. 01722 425176

# Please fax referral to the Diabetes Nursing Service: Tel.01722 425143, or post to the: Diabetes Education Centre, Salisbury District Hospital, Salisbury, Wiltshire, SP2 8BJ.