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| **YORK DIABETES TEAM REFERRAL FORM**  **Phone without delay on 01904 724938/724942**   * **Suspected new Type 1 patients** * **Any patient with Diabetes with positive Blood/ urinary ketones** * **Pre-existing Diabetes - Pregnancy**     **(Please refer to guidelines for support regarding referral)** |

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| --- | --- | --- | --- | --- | --- | --- |
| Date of Referral |  | | Referring GP |  | | |
| Patient Name |  | | Address |  | | |
| Address |  | |  |
|  |
| Postcode |  | | Postcode |  | | |
| DOB |  | | Practice phone |  | | |
| Age |  | | Practice email |  | | |
| Home number |  | | NHS No |  | | |
| Mobile number |  | | Gender |  | | |
| Type of Diabetes | Type 1 | Type 2 | Ethnicity |  | | |
| Date of Diagnosis |  | | Language |  | | |
| Occupation |  | | Interpreter required | | No | Yes |

|  |  |  |
| --- | --- | --- |
| **Key data** | **Result** | **Date** |
| HbA1c |  |  |
| Creatinine |  |  |
| eGFR |  |  |
| Total Cholesterol |  |  |
| HDL |  |  |
| LDL |  |  |
| Triglycerides |  |  |
| Weight (kg) |  |  |
| Height (cm) |  |  |
| Waist Circumference (cm) |  |  |
| BMI |  |  |

|  |  |
| --- | --- |
| **REASON FOR REFERRAL** | |
| **Tick if Urgent** | **Please give reason for referral (must be completed)** |
| ***Free text reason for referral:*** |
| **Structured Education Programmes**  **(Please tick box)** | **GOOD2GO (Type 2) – we have a number of programmes now available – see information**  **INSULIN SKILLS – Group Session over a 3 hour workshop (Webinar)**  **BITES (Type 1) – Group Session on over 3 days. Evening sessions also available (Webinar)** |

**Summary Problem List**

**Current Repeat Medication List**

**Allergies & Sensitivities**

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| **FOR OFFICE USE ONLY** |
| **REVIEWER:** **DATE RECEIVED:** |
| **LEVEL 2 Clinic Level 3 Clinic Structured Educatioin**  **NURSE  NURSE  GOOD2GO**  **DIETITIAN  DIETITIAN  INSULIN SKILLS**  **MDT  BITES** |