

REFERRALS SHOULD BE MADE BY E-REFERRAL
All remaining non-crisis referrals via e-mail to barnsleydiabetes.spa@nhs.net
Telephone 01226 240086

Diabetes Service; Referral Form

For use by GP Practices/Community Clinicians

PLEASE ENSURE ALL FIELDS ARE COMPLETED, OTHERWISE THIS REFERRAL MAY NOT BE PROCESSED.

Patient Details

GP Details

<p>Name: Address:</p> <p>Tel: Mobile:</p> <p>Date of Birth: NHS Number: Gender: Ethnicity: - ethnic category 2001 census Main Language: Interpreter Required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Registered GP: Address:</p> <p>Tel:</p> <p>Practice Code:</p> <p>Referring Clinician:</p> <p>Date:</p>
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Marital Status:
Religion:
Sexual Orientation:
Gender Reassignment:
 Yes No

Is the patient registered disabled?
 Yes No

If, yes please state:

Does the patient have any communication requirements?
 Yes No

If, yes please state:

Patient Consent for information sharing?
 Yes No

URGENCY OF REFERRAL:

Urgent Routine

CRISIS

CRISIS (same day intervention/within working hours) - please contact the diabetes team on 01226 240086 (this must be accompanied by an e-referral)

Newly diagnosed Type 1 diabetes

Acutely unwell patient with Type 1 diabetes with for example, diarrhoea and vomiting or
 infection which is causing significant disturbance to their diabetes control e.g. blood or urine ketones / hyperglycaemia (consider hospital admission)

PROBLEM BEING REFERRED (Tick as appropriate and add comments)

- Retinal Screening
- Podiatry
- Education
- Dietetics
- Diabetes Management Issues

Is the patient pregnant?

Yes No N/A

Is the patient suffering from erectile dysfunction?

Yes No N/A

CLINICAL HISTORY

- Weight loss Polyuria Polydipsia
- Tiredness Other (please state):

CLINICAL HISTORY (LAST 12 MONTHS)

Date of Diabetes Diagnosis:

Diabetes Type: <Type 1, Type 2, other, unknown>:

Blood Pressure:

Height:

Weight:

BMI:

Q Risk2 Score:

Recent Pathology

HbA1c: HbA1c level - IFCC standardised :

HbA1c level (DCCT aligned) :

Fasting BG:

Random BG:

Serum Total Cholesterol Level:

Serum LDL: Serum LDL cholesterol level :

Exercise status:
Smoking status:
Alcohol units per week: Alcohol consumption :

MEDICATION AND ALLERGIES

Current Medication

Medication

Acute

Drug	Dosage	Quantity	Last Issued On
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Repeat

Drug	Dosage	Quantity	Last Issued On
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Allergies & Sensitivities

Allergies

Date	Description	Associated Text

ANY OTHER RELEVANT INFORMATION?

Does the patient undertake home blood glucose monitoring?

Yes No

If not this, individual needs to be taught to perform home blood glucose monitoring and must have a one month profile of results to review before a referral can be accepted.