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| **South East Essex Adult Diabetes Care Service Referral**  |
| **NOTE TO THE REFERRER:** |
| * Please ensure consent for record sharing with the Adult Diabetes Care Service has been completed at the time of referral.
* **Please ensure that all sections are completed – failure to complete in full will result in the referral being returned.**
* Once completed, please attach to the patient’s record via SystmOne. If this is not possible, please send via email as an attachment to diabetes.one@nhs.net.
* For any queries please call the **professional helpline on 01702 548094** or email diabetes.one@nhs.net
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| **PATIENT DETAILS:** |
| Patient consents to referral and record sharing [ ]  |  Patient consents to receiving SMS messages [ ]  |
| Patient Name: |
| Date of Referral: | Patient Address:Contact Telephone Number: |
| NHS Number: |  |
| Date of Birth: |  |
| GP Name: | Surgery Details: |
| **DIABETES TYPE & DATE OF DIAGNOSIS:** Please tick appropriate boxand add date of diagnosis |
| Type 1 [ ]  | Type 2 [ ]  | Uncertain [ ]  | **Date of Diagnosis:** |
| **Most recent HbA1c Result:** |  **Date of Result:** *Must be up to date (within the last 4 weeks)* |
| **REASON FOR REFERRAL:** Please tick appropriate box below |
|[ ]   All TYPE 1 DIABETES – Including those wanting support with technology |
|[ ]   Type 1 Structured Education Programme |
|[ ]   Type 2 Diabetes with Hba1c >58mmols on 3 or more agents which have been appropriately titrated  |
|[ ]   Type 2 Diabetes with persistent Hypoglycaemia (4mmols or below) |
|[ ]   Type 2 Structured Education |
|[ ]   Admission Avoidance – i.e. Ketosis / Possible new onset Type 1 |
|[ ]   Diabetes Specialist Dietitian ( with Hba1c >58mmols) Please state reason i.e. Weight reduction / Gastroparesis / Healthy Eating |
|[ ]   Referrals from District Nursing **only** - patient outside of pre-set blood glucose parameters: i.e. Hypo ( 2 x episodes in 1 week ( b/g <4mmols ) Hyper ( 4 x episodes in 1 week ( b/g >15mmols ) |
| **South East Essex Adult Diabetes Care Service Referral** |
| **ADDITIONAL INFORMATION:** Please provide details below |
|  |
| **BACKGROUND MEDICAL HISTORY:** Please provide details below |
|  |
| **CURRENT MEDICATION INCLUDING DOSE:** Please list all medication and dose |
|  | **Name of medication** | **Dose** |
| Medication 1: |  |  |
| Medication 2: |  |  |
| Medication 3: |  |  |
| Medication 4: |  |  |
| Medication 5: |  |  |
| Medication 6: |  |  |
| **PLEASE CHECK ALL SECTIONS HAVE BEEN COMPLETED IN FULL AND****ATTACH TO PATIENT RECORD OR RETURN BY EMAIL TO:** diabetes.one@nhs.netFor any queries please call the professional helpline on 01702 548094 or email diabetes.one@nhs.net |