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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 |  |  |

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| **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** |