

Diabetes Nurse Facilitator referral form (2 pages)

Facilitator referring to:		
Referral Date:	Patient Name:	Hospital No:
Referrer Name:	Address:	NHS No:
		Date of Birth:
		Gender: <input type="checkbox"/> Male / Female <input type="checkbox"/>
Tel no:	Tel/Mobile No:	Occupation:
GP Name:	GP Surgery:	

Reason for referral, please complete the following:

Type of diabetes: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2	Year of diagnosis:
Current diabetes medications, please include dose and date commenced: (Please note any known allergies or intolerances, e.g. metformin, statin)	
Relevant blood tests (please record result recorded in past 3/12):	
HbA1c:	
U&Es including eGFR:	
Other:	
Anthropometry	
Current weight (kg):	Height (m):
Current BMI (kg/m ²):	
Weight change in last 6 months (if applicable):	
Does this person have:	
<input type="checkbox"/> Learning disability	<input type="checkbox"/> Dementia
<input type="checkbox"/> Autism	<input type="checkbox"/> Mental Health Problems
<input type="checkbox"/> Visual or hearing problems	
<i>Please give brief details:</i>	
Can the patient manage the stairs: <input type="checkbox"/> Yes / No <input type="checkbox"/>	
Additional information:	

Does the patient need:

an Interpreter (list language); Lip speaker, or BSL Interpreter

Patient Name:

DoB:

NHS No:

Does the patient monitor their glucose levels <input type="checkbox"/> Yes / No <input type="checkbox"/>	
Is this? <input type="checkbox"/> independent <input type="checkbox"/> assisted	
Please ask them to bring diary and blood glucose meter to their facilitator appointment	
Are there any issues that you feel the nurse should know about, e.g. safety, compliance:	
Relevant medical history:	
Please record if patient has had recent dietary review. <input type="checkbox"/> Yes / No <input type="checkbox"/>	
If yes, when?	
Your follow-up expectations:	
<input type="checkbox"/> Diabetes Facilitator "one off" appointments	
<input type="checkbox"/> Until optimum control achieved	
<input type="checkbox"/> For ongoing follow-up	
Referrer Signature:	Date:

Email to: diabetesfacilitatorservice@nnuh.nhs.uk

OR POST to: Diabetes Nurse Facilitator Secretary, Elsie Bertram Diabetes Centre, NNUH, Colney Lane, Norwich NR4 7UY