

Norfolk and Norwich University Hospitals 
Diabetes Nurse Facilitator form NHS Foundation Trust

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)	
<p>Relevant blood tests (please record result recorded in past 3/12):</p> <p>HbA1c:</p> <p>U&Es including eGFR:</p> <p>Other:</p>	
<p>Anthropometry</p> <p>Current weight (kg): Height (m): Current BMI (kg/m2):</p> <p>Weight change in last 6 months (if applicable):</p>	
<p>Does this person have:</p> <p><input type="checkbox"/> Learning disability <input type="checkbox"/> Dementia <input type="checkbox"/> Visual or hearing problems</p> <p><input type="checkbox"/> Autism <input type="checkbox"/> Mental Health Problems</p> <p><i>Please give brief details:</i></p> <p>Can the patient manage the stairs: <input type="checkbox"/> Yes / No <input type="checkbox"/></p>	

Additional information:

Does the patient need: <input type="checkbox"/> an Interpreter (<i>list language</i>); <input type="checkbox"/> Lip speaker, or <input type="checkbox"/> BSL Interpreter	
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

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