|  |  |
| --- | --- |
| Patient Information: | NHS number:  |
| Name: |  |
|  DOB |  |
| Address |  |
| Date Of Diabetes Diagnosis: Type 1 Type 2  |
| Diabetes Education  |
| DESMOND, LIFT Psychology, Weight Management, Steps to Health,Dietbusters, Living with diabetes living Well *(please circle as appropriate)* | Date attended: |
| Diabetes Essentials | **Date** | **Results** |
| BMI |  |  |
| Weight |  |  |
| Blood pressure |  |  |
| Last Foot Check |  |  |
| Last Retinal Screening |  |  |
| Blood Tests | **Date**  | **Result**  | **Date** | **Result** |
| HbA1c |  |  |  |  |
| Creatinine |  |  |  |  |
| eGFR |  |  |  |  |
| Total cholesterol |  |  |  |  |
| Triglycerides |  |  |  |  |
| Non-HDL |  |  |  |  |
| HDL |  |  |  |  |
| Urine Tests | **Date**  | **Result**  |  |  |
| Albumin/creatinine ratio |  |  |  |  |
| Is the patient under specialist Yes NoDiabetes clinic at GWH?  |
| Current anti-diabetes therapy (agent, dose, the date of initiation) |
|  |
| Previous anti-diabetes therapy (length of rx, reasons for stopping) |
|  |
| Repeat list of medications (to be attached)  |
|  |
| Reason for referral – please state clearly the reasons for referring this patient |
|  |
| Referrer (print name) | **Tel no:** | **Date:** |
| GP | **Name of the practice** |  |