

## Referral to Diabetes Nurse Practitioner

Please refer on a 'Full Summary' generated from medical software, i.e. name, date of birth, past medical history, current medication, allergies



Also please enclose the following results:

HbA1c Date		eGFR Date		Urine ACR Date		OGTT (GDM) Date	
---------------	--	--------------	--	-------------------	--	--------------------	--

Circle as applicable:

<b>Type of diabetes</b>	Type 2	Type 1	Gestational	Steroid induced	Other	Pancreatic insufficiency	MODY type
<b>Date of diagnosis</b>	NEW	Other date					
<b>Current therapy</b>	Diet and exercise	Oral medication	Injectables Yes/No	Specify...			
<b>Needs a new B.G. meter</b>	Yes	No					
<b>Self B.G. monitoring</b>	<b>CURRENT</b>	Not doing	Less than once a day	Once a day	Twice a day	3 times a day	Other
	<b>IDEAL</b>	Not indicated	Less than once a day	Once a day	Twice a day	3 times a day	Other
<b>On insulin</b>	No	Yes	Never	Past but stopped	Dates...		
	<b>Basal</b>	Lantus	Toujeo	Levemir	Daily	Twice daily	
	<b>Bolus</b>	Novorapid	Fiasp	Humalog	Apidra		
	<b>Mixed</b>	Novomix 30	Ryzodeg	Humalog Mix 25	Humalog Mix 50		
<b>Other injectable</b>	OZEMPIC (weekly semaglutide)	TRULICITY (weekly dulaglutide)					
<b>How many visits to</b>	Diabetes Nurse Practitioner	1	2-5	6-10	As indicated		
<b>Refer back to referrer</b>	2 weeks	4 weeks	6 weeks	12 weeks	Other		

### Goals of care

---



---



---

General Practitioner/Specialist/Health Professional Signature

Date

\*Please be aware this referral constitutes a Collaborative Care Agreement