

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	
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Circle as applicable:

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

Goals of care

General Practitioner/Specialist/Health Professional Signature

Date
