

Lambeth Community Diabetic Kidney Disease (DKD) Referral form (V2: January 2020)

This form can be used to refer to the Community Type 2 Diabetic Kidney Disease Clinic provided by the Lambeth Diabetes Intermediate Care Team. This form is for routine referrals only. **If you wish to refer a patient urgently** please telephone the on-call diabetes registrar at Guys and St Thomas's (020 7188 7188) or King's (020 3299 9000).

For a standard referral to the community diabetes team, please use the Lambeth Diabetes Intermediate Care Team referral form

Guidance on where patients should be referred can be found in the "**Referral pathway for patients diagnosed with Type 2 diabetes and diabetic kidney disease (DKD) based on progression (rate of eGFR fall) or degree of albuminuria**" – [to hyperlink](#)

PLEASE NOTE WE DO NOT PROVIDE TRANSPORT

Date of referral	Long date letter merged
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Patient information	Practice information	
	Source of referral: GP District/Community Nurse	
Name of patient Title Given Name Surname	Name of referrer Current User	
Address Home Full Address (stacked)	Practice address Organisation Name Organisation Full Address (stacked)	
Patient contact information: Landline number: Patient Home Telephone Mobile number: Patient Mobile Telephone Email:	Practice contact information: Telephone: Organisation Telephone Number Fax: Organisation Fax Number Referrers email:	
How would the patient prefer to be contacted? By post By text message By email		
Other patient information:	Does the patient have a carer/advocate?	
NHS number NHS Number	Hospital number	Name of carer
Date of birth Date of Birth	M/F: Gender	Carer contact details
Translator required? Yes No	Ethnicity Ethnic Origin Language Main Language	Is the patient housebound/under community nursing team? Yes No

What type of diabetes does the patient have?

Type 1		Type 2		Date of diagnosis	Single Code Entry: Type 2 diabetes mellitus
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Recent measurements and tests (measured within the past month)	Date	Result
HbA1c (mmol/mol) HbA1c (%)	Single Code Entry: HbA1c level (DCCT aligned) Single Code Entry: HbA1c level (DCCT aligned)	Single Code Entry: HbA1c level (DCCT aligned)... Single Code Entry: HbA1c level (DCCT aligned)
Creatinine	Single Code Entry: Serum creatinine	Single Code Entry: Serum creatinine
eGFR	Single Code Entry: GFR calculated abbreviated MDRD	Single Code Entry: GFR calculated abbreviated MDRD
Total cholesterol	Single Code Entry: Serum cholesterol	Single Code Entry: Serum cholesterol
ACR	Single Code Entry: Urine albumin:creatinine ratio	Single Code Entry: Urine albumin:creatinine ratio
PCR	Single Code Entry: Urine protein/creatinine ratio	Single Code Entry: Urine protein/creatinine ratio
Blood pressure	Single Code Entry: O/E - blood pressure reading	Single Code Entry: O/E - blood pressure reading
Body mass index	Single Code Entry: Body mass index	Single Code Entry: Body mass index

Current medications: Medication
Has the patient been intolerant to any medication previously prescribed? Y N Please provide information here:
Does the patient have any allergies? Allergies

Past medical history	Diabetes complications
Problems	
Latest eye screening report – please attach	

Reason for referral (please refer to Referral pathway for patients diagnosed with Type 2 diabetes and DKD) to hyperlink to pathway	✓
1. If eGFR ≥ 30 and <60 AND <ul style="list-style-type: none"> · Fall in eGFR ≥ 5mls/min on at least 3 consecutive tests within last 12 months* <u>OR</u> · Urine albumin to creatinine (ACR) >30 mg/mmol 	
2. If eGFR ≥ 60 AND <ul style="list-style-type: none"> · Fall in eGFR > 10mls/min drop on at least 3 consecutive tests within last 12 months* <u>OR</u> · Urine ACR >30 mg/mmol on maximal tolerated dose of ACE-Inhibitor or angiotensin receptor blocker 	
3. Hypertension that remains poorly controlled despite use of at least 4 antihypertensive drugs	
4. Sub-optimal diabetes control complicated by impaired or progressive deterioration in renal function	
*to assess rate of progression repeat eGFR at least 3 times during 90 days if recent values are not available. If eGFR <60 ml/min, repeat eGFR within 2 weeks (unless previous values have shown this to be stable). Consider patients baseline eGFR and lifetime likelihood of ERSD if continue to have the same rate of decline.	
Reason for referral (please provide information below)	
<p>Consultations</p>	
Referrer and patient consent	
<p><i>The referral has been discussed with the patient - they are willing to engage with the Lambeth Community Diabetes Service and give their consent for this referral.</i></p> <p><i>Please tick to confirm the above</i></p>	

Please send the completed referral form via the electronic referral system (ERS) to:

Lambeth Community Diabetes Intermediate Care Team Renal – Triage Service.

You will find us under:

Speciality Type: Diabetic Medicine

Clinic Type: Renal Diabetes

For any queries, please contact the team on: 020 8655 7842