

## Lambeth Diabetes Intermediate Care Team Referral form (Version 7 January 2020)

This form can be used to refer to all the services 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).

Guidance on where patients should be referred can be found in the "Lambeth Management and referral checklist for people with established diabetes." Patients with type 1 diabetes, diabetes in pregnancy and preconception care should be referred to secondary care.

**PLEASE NOTE WE DO NOT PROVIDE TRANSPORT**

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

**What type of diabetes does the patient have?**

Type 1	<input type="checkbox"/>	Type 2	<input type="checkbox"/>	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
Blood pressure	Single Code Entry: O/E - blood pressure reading	Single Code Entry: O/E - blood pressure reading
Height	Single Code Entry: O/E - height	Single Code Entry: O/E - height
Weight	Single Code Entry: O/E - weight	Single Code Entry: O/E - weight
Body mass index	Single Code Entry: Body mass index	Single Code Entry: Body mass index

<b>Current medications:</b> Medication
Has the patient been intolerant to any medication previously prescribed? Y <input type="checkbox"/> N <input type="checkbox"/> Please provide information here:
Does the patient have any allergies? Allergies

Past medical history	Diabetes complications
<b>Problems</b>	

Service required	✓	Service required	✓
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Community diabetes clinic at Gracefield Gardens	<input type="checkbox"/>	Community diabetes clinic at Norwood Health and Leisure Centre	<input type="checkbox"/>
Community diabetes clinic at Springfield Health Centre	<input type="checkbox"/>	Food and diabetes group at Gracefield Gardens/Akerman Health Centre	<input type="checkbox"/>
Community diabetes clinic at Akerman	<input type="checkbox"/>	For DESMOND please refer via Diabetes Book and Learn	
<b>Reason for referral (please provide information below)</b>			
<p><b>Consultations</b></p>			
<b>Referrer and patient consent</b>			
<p><b><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></b></p> <p><b><i>Please tick to confirm the above</i></b> <input type="checkbox"/></p>			

**If your referral is for Community Clinic please refer via ERS to:** Lambeth Diabetes Intermediate Care Team – Triage Service  
 You will find us under:  
Speciality Type: Diabetic Medicine  
Clinic Type: General Diabetic Management

**If your referral is for an Education Group you can send the referral form:**  
**Via post:** Lambeth Diabetes Intermediate Care Team, North Wood Group Practice, 61 Crown Dale, London, SE19 3NY  
 or  
**Via email:** LAMCCG.diabetes@nhs.net

If you have any queries please call our office on: 020 8655 7842