Leicestershire County Community
Diabetes Specialist Nurse Referral Form

University Hospitals of Leicester NHS
NHS Trust

Working in partnership with CCG's across Leicester, Leicestershire and Rutland

Referral Time: 2 weeks ☐ 4-6 weeks ☐ Please phone DSN directly if urgent

NHS Number: | | | | | | | | | | | | **Referral Date:** D D M M Y Y

Patient Details		**Patient Consent**	
Name:		Type of diabetes: Type 1 ☐ Type 2 ☐	
		Address:	
DOB: D D M M Y Y	Gender: M ☐ F ☐		
Tel:	Mobile:		Postcode:
Interpreter required?	Yes ☐ No ☐	Ethnicity:	
Preferred language:		Home visit required?	Yes ☐ No ☐
Carer contact details (if appropriate)		Reason (if requested)	
Current care provider:			

GP Practice Details		**Practice Delivering** Please tick if you are a practice in LC CCG or ELR CCG and deliver an Enhanced Service / the Quality Diabetes Care Programme?	
Name:			
Address:		**LC CCG**	**WL CCG**
		Enhanced Service ☐	Quality QIPP ☐
	Postcode:	**ELR CG**	
Contact Number:		Quality Diabetes Care Programme ☐	

Reason for Referral

Patient suitable for management in primary care (i.e. repatriation from secondary care - not a Super 7 patient)			☐
Complex patient (as identified by Risk Stratification One Click Diabetes Report on Health Evidence Reporting Analysis [HERA]) requiring DSN support			☐
DSN input required for a non Super 7 patient	☐	Admission prevention	☐
GLP 1 start	☐	Recurrent Hypoglycaemia	☐
Insulin initiation / titration	☐	Insulin device problem	☐
Telephone advice for patient	☐	Poor glycaemic control on insulin	☐
Fasting and feasting advice	☐	Complex Type 2 Specific	☐

Super Seven

1. In-patient care
2. Insulin pumps
3. Renal
4. Foot
5. Adolescents (16 -19 years)
6. Pregnancy
7. Complex / high risk Type 1 and Type 2

Biomedical results (last 3 months) Please attach list of current medication and medical history

	Result	Date		Result	Date
HbA1c (mmols/mol)		D D M M Y Y	eGFR		D D M M Y Y
Previous HbA1c (mmols/mol)		D D M M Y Y	Blood Pressure		D D M M Y Y
Total Cholesterol		D D M M Y Y	Retinal Screen		D D M M Y Y
BMI		D D M M Y Y			

Referrers Details

Name:	**Designation:**
Contact Number:	**Signature:**

Please fax this form to F: 0116 273 4845
ICDS Admin Office, Diabetes Outpatients, Leicester General Hospital
Gwendolen Road, Leicester LE5 4PW T: 0116 273 4845

Leicester City Clinical Commissioning Group

East Leicestershire and Rutland Clinical Commissioning Group

West Leicestershire Clinical Commissioning Group

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[Final V1] March 2015
Layout by S.Jamal UHL Diabetes