**DESMOND – Type 2 Diabetes Education and Self-Management Programme for Ongoing and Newly Diagnosed Group Session**

**Referral Form – Please complete all fields (see further information overleaf)**

|  |
| --- |
| **Patient Details** |
| **Name:** |  | **H&C No:** |  |
| **Address:** |  |  |  |
|  | **Date of Birth:** |  |
| **Postcode:** |  | **Tel No:** |  |

|  |  |
| --- | --- |
| **Date of diagnosis:** |  |
| **Diabetes Medications:** |  |
| **Symptoms of T2DM:****(If asymptomatic please record x2 elevated HbA1c tests)** |  |
| **Biochemistry results:** | HbA1c:HbA1c: |  | Date:Date: |  |
| Cholesterol: |  | Date: |  |
| HDL: |  | Date: |  |
| LDL: |  | Date: |  |
| Blood pressure: |  | Date: |  |
| Weight (kg): |  | Height (m): |  | BMI: |  |
| Has patient an email address, internet and suitable device? | Yes |  | No |  |
| Are they confident using video conferencing? E.g. Zoom | Yes |  | No |  |
| Patient will be offered group session, Please state any reason this would not be suitable, e.g. interpreter needed. |
| Please give details: |

|  |  |
| --- | --- |
| **Practice Details** | **Name of person completing referral** |
| GP: |  | Print name: |  |
| Address: |  |  |  |
|  | Signature: |  |
| Tel No: |  | Date: |  |

Please email referral to: AHP.CBU@southerntrust.hscni.net

**Please highlight whether patients referred to Desmond have a history of any of the following:-**

History of inflammatory bowel disease

History of Pancreatitis

Family History of Type 1 Diabetes

History of Pancreatic Cancer

History of Haemochromatosis

History of Cystic Fibrosis

History of Diarrhoea

History of Weight Loss

If any of the above present please consider completing the following bloods to confirm type of diabetes or referring to secondary care for these bloods

* ZnT-8 / Anti GAD / IA2

**To confirm diagnosis of Type 2 Diabetes please ensure that the patient has either:**

* x2 HbA1c of ≥48 mmol/mol or x2 fasting blood glucose ≥7.0mmol/l/ if not symptomatic
* x1 Hba1c of ≥48 mmol/mol if symptoms present