

**BCH Diabetes & Nutrition Services**  
**REFERRAL FORM**  
**PLEASE COMPLETE IN FULL**

**Please send to:**  
**Diabetes & Nutrition Services (DANS)**  
**John Milton Clinic**  
**Crow Lane, Bristol, BS10 7DP**  
**Tel: 0117 9598970**  
**Fax to: 0117 9598971**  
**Email to: DANS.Bristol@nhs.net**

This form should be completed by the referrer. The person you are referring must be informed that their details are being forwarded to the Diabetes & Nutrition team office.

<b>Date of Referral:</b>	<b>NHS No:</b> <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>																					
<b><u>Patient Details:</u></b>  Title: First Name: Surname: Address:  Postcode: Date of Birth:  Daytime Telephone No: Mobile No: <input type="checkbox"/> <i>Tick this box if you do <b>not</b> wish to receive a txt reminder of your appointment</i> Email Address:	<b><u>Referrer Details:</u></b>  Name: Team/GP Practice:  Contact Number:  <b><u>GP Practice and Address:</u></b>																					
<b>Interpreter Required:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which language:  <b>Additional Needs?</b> <input type="checkbox"/> Housebound: <input type="checkbox"/> Wheelchair access required: <input type="checkbox"/> Hearing Loop Required: <input type="checkbox"/> BSL Interpreter Required: <input type="checkbox"/> Other (please state)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;"></th> <th style="width:20%;">Result</th> <th style="width:20%;">Date Taken</th> </tr> </thead> <tbody> <tr> <td align="center">BMI</td> <td></td> <td></td> </tr> <tr> <td align="center">Waist Circumference</td> <td></td> <td></td> </tr> <tr> <td align="center">HbA1c</td> <td></td> <td></td> </tr> <tr> <td align="center">Non-HDL Cholesterol</td> <td></td> <td></td> </tr> <tr> <td align="center">eGFR</td> <td></td> <td></td> </tr> <tr> <td align="center">Blood Pressure</td> <td></td> <td></td> </tr> </tbody> </table>		Result	Date Taken	BMI			Waist Circumference			HbA1c			Non-HDL Cholesterol			eGFR			Blood Pressure		
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**Tick referral pathway required:**

***If more than one pathway ticked, DANS service will triage into the most appropriate pathway with the patient.***

**Type 1 Diabetes:**

**Diabetes Structured Education Group:**

- Diabetes & You
- Food Freedom

**Community Clinics:**

- Further support to optimize diabetes management
- End of life diabetes support
- Carbohydrate Counting
- Insulin Regime Support
- Diabetes and weight reduction

**Type 2 Diabetes:**

**Diabetes Structured Education Group:**

- Eat Well Group newly diagnosed T2
- Living with Diabetes
- Diabetes & You

**Community Clinics:**

- Further support to optimize diabetes management
- Existing Type 2 requiring lifestyle and behaviour change support
- To start insulin/GLP1
- Insulin Regime support
- End of life diabetes support
- Diabetes and weight reduction

**Non-Diabetes:**

- IBS First Line Advice (as per NICE 2015)
- Diagnosed Nutritional Deficiencies
- Nutritional Support (Malnutrition- as per NICE 2006)
- MUST score..... (MUST score must be completed and be  $\geq 2$  for a referral)***
- CV disease- 10yr CVD risk  $>20\%$  and unable to tolerate or refused statins
- Pre diabetes ( HbA1c 42-47mmol/mol) with a BMI  $<28$  and declined/not suitable for NDPP

**Medications:**

- **Insulin (please state)**
  
- **Other (please state)**

**Please provide relevant supporting information/comments below:**