# X-Pert Programme REferral Form

Once completed please forward it using the details at the end of the form.

# pATIENT dETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| **Title:** |  | **NHS Number:** |  |
| **First Name:** |  | **Date of Birth:** |  |
| **Surname:** |  |
| **Address:****Including Post Code** |  |
| **Telephone Number:** |  |
| **Mobile Number:** |  |
| **Type 1 / Type 2** |  |
| **Date of Diagnosis** |  |
| **Programme Type:** **Diabetes/Taster Session** |  |

# Relevant history and treatment

|  |  |  |  |
| --- | --- | --- | --- |
| **Height (cm)** |  | **Weight (Kg)** |  |

|  |  |  |
| --- | --- | --- |
| **Measurement** |  | **DATE** |
| **BMI (Kg / m2)** |  |  |
| **Waist circumference (cm)** |  |  |
| **Fasting blood glucose (mmol/l)** |  |  |
| **HbA1c (mmol/mol)** |  |  |
| **BP (mm/Hg)** |  |  |
| **Total Cholesterol (mmol/l)** |  |  |
| **HDL (mmol/l)** |  |  |
| **LDL or Non-HDL cholesterol (mmol/l)** |  |  |
| **Triglycerides (mmol/l)** |  |  |
| **Total cholesterol to HDL ratio** |  |  |
| **Tryglyceride to HDL ratio** |  |  |
| **Kidney Function: ACR (mg/mmol)** |  |  |
| **Kidney Function: eGFR (ml/min/)** |  |  |
| **Liver function: GGT (iu/l)** |  |  |
| **Inflammation: CRP (mg/l)** |  |  |
| **Measurement** |  | **DATE** |
| **CVD 10-year risk score assessment QRISK2 (%)** |  |  |
| **Depression score** |  |  |
| **Ethnicity** |  |
| **Diabetes medication** |  |
| **Blood Pressure medication/dosage** |  |
| **Bloods Lipids medication / dosage** |  |
| **Obesity medication / dosage** |  |
| **Other medication/dosage** |  |

# GP DETAILS

|  |  |
| --- | --- |
| **GP Name/address** |  |
| **Referrer’s details** |  |
| **Date** |  |

**Please fill in both pages of this form. Once completed please e-mail to:** **iowselfmanagementuk@nhs.net**

# Data Protection

This information will be treated as confidential. The data will be stored by self management uk ltd and treated as private and confidential. We will not disclose this information to a third party or any person or organisation unless required to do so by law.