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**Diabetes Psychiatry and Psychology Service referral form**

How do I refer to the service?

* Please make sure the patient is informed about this referral
* Please complete the enclosed form
* Please attach the most recent diabetes clinic letter (should be dated within 6 months of the referral). **We are unable to accept referrals without a recent diabetes clinic letter and/or recent GP summary.**
* For referrals to the Type 1 and Eating disorders service (T1DE), please contact the service to discuss the referral criteria

The waiting times for this specialist service are long and we do not provide emergency care access. For patient safety we would ask you to advise your patient and their carers on this matter and ensure that they can access local emergency, diabetes and mental health care as per the usual pathways in your CCG.

*Please note that incomplete referrals may not be accepted.*

**Referrer’s name:**

**Job title:**

**Address:**

**Email:**

**Telephone number:**

**Date of referral:**

**Signature of referrer acknowledging compliance with the above information:**

Where do I send the referral form and recent diabetes clinic letter?

All referrals must include the most recent diabetes clinic letter. Please email the completed form and clinic letter from an nhs.net account to **kch-tr.DiabetesPsychiatryPsychology@nhs.net**

Alternatively you can post your referral to:

Diabetes Psychiatry and Psychology Referrals

Portacabin B

King’s College Hospital

Denmark Hill

London

SE5 9RS

How can I contact the team? Via email

Please call the team on 0203 299 1350 with any queries

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| --- | --- | --- | --- |
| **Patient name** |   | **Gender** |   |
| **NHS number** |  | **Ethnicity**  |  |
| **DOB** |  | **Telephone number** |   |
| **Patient’s Address:** | **GP Name & Address:** |
| **Height: Weight: BMI:**  |
| **Type of diabetes: T1****Year of diagnosis:** **Most recent HbA1C level and date:** | **Most recent HbA1C level and date:** |
| **Type of diabetes treatment:**Multiple daily injection therapy xInsulin pump Continuous glucose monitoring system  | **Diabetes structured education attended:**DAFNE: Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_None: |
| **Nephropathy:**Estimated glomerular filtration rate:  Albumin/Creatinine-Ratio:  End stage renal failure or kidney transplantation: YES/NO | **Eyes**:Retinopathy screening result (not older than 12 months): \_\_\_\_\_\_\_\_\_Laser treatment in the past: YES / NOBlind/ partially sighted: YES / NO | **Neuropathy:**Foot ulcer: No / active / in the past Autonomic neuropathy: Gastroparesis:  |
| **Macrovascular risk:**Ischemic heart disease (myocardial infarction, coronary artery bypass graft, PTCA)Cerebrovascular disease (stroke, transient ischemic attack)Peripheral vascular disease (intermittent claudication, revascularisation therapy)Number of severe hypoglycaemia (unconscious, seizure, unable to self-treat) in the past 12 months: ­­­­\_\_Number of diabetes ketoacidosis hospital admissions in the last 12 months: ­­­­­\_\_\_\_\_\_\_\_\_\_ |
| **Number of episodes of severe hypoglycaemia in the last 12 months:** **Number of episodes of diabetic ketoacidosis in the last 12 months:** **Other medical history:** |
| **Reason(s) for referral; please include as much detail as possible** (e.g. mental health symptoms, impact of mental health on diabetes self-management, history of alcohol/tobacco/drug use, history of mental health problems, previous input for mental health) |
| Does the patient have a history of self-harm or suicide attempts? **YES / NO / DON’T KNOW**Does the patient present a risk to others (if yes, include forensic history)? **YES / NO / DON’T KNOW** Is the patient at risk from harm/abuse from others? **YES / NO / DON’T KNOW** Does the patient have any children or dependent adults? **YES / NO / DON’T KNOW** **If YES to any of the above please provide detail (*e.g. level of risk, protective factors, how risk is managed whilst patient is awaiting appointment*):** |