

NHS Diabetes Prevention Programme Referral

Patient must meet the essential criteria below

HbA1c results between 42–47mmol/mol (6.0– 6.4%) or Fasting plasma glucose result between 5.5-6.9 mmols/l
Blood test results within the last 12 months

Does not have Type II Diabetes - if a reading is in the diabetic range (HbA1c >48 or FPG ≥7) the individual is not eligible

Registered with a GP Practice within Hertfordshire, is not pregnant and aged 18 years or over

There is no medical reason why this patient should not take part in a programme that includes light-moderate physical activity

Patient details

Title:		Preferred contact number:	
First name:		Can we leave a voicemail?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surname:		Alternative contact number:	
Address:		Can we leave a voicemail?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		What is the patient's first language?	First Language
		Does the patient speak English	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Is the patient on the Severe Mental Illness Register?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Postcode:		Is the patient on the Learning Disability Register?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email address:		Does the patient have a learning disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NHS Number:		Does the patient have any mobility issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of birth:		Is the patient registered disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	If yes, provide details please:	

Referral weight

Referral weight measurement (kg)		Date of weight measurement	
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Blood test

<input type="checkbox"/>	HbA1c	Reading:		Date:	
<input type="checkbox"/>	Fasting Plasma Glucose	Reading:		Date:	
Is there a clinical reason why HbA1c cannot be used to track glycaemic response to the intervention?					<input type="checkbox"/> Yes <input type="checkbox"/> No

GP details

Patient's GP surgery name:				
Surgery address:				
Surgery tel. number:		Practice code:		
Was the patient referred following a NHS Health Check?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Referrer details

Referrer's name and organisation:			
Date of referral:			

Email completed forms to scwcsu.herts@nhs.net