

# WORCESTERSHIRE DIABETES STRUCTURED EDUCATION REFERRAL FORM



## Patients Details:

NHS No.....

Name.....

Address

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.....  
.....

Post Code.....

Telephone Number

Home.....

Mobile.....

Permission for text reminders yes/ no

Email address.....

Date of Birth.....

Ethnicity.....

GP Name.....

Address.....

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Name of Referrer.....

Date of Referral .....

Other longterm conditions or medical  
conditions requiring specific dietary advice.

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Type 1 / Type 2 Diabetes (please delete)

Date of Diagnosis .....

HbA1c.....

Diabetes Medication

Insulin - type.....

.....

Other diabetes  
medication.....

.....

Education programme already attended (if  
relevant).....

PARTICIPANTS WILL BE SENT A  
SELECTION OF DATES INVITING THEM TO  
BOOK ON A VIRTUAL SESSION. Information  
and support to access the session will be  
provided.

Face to face sessions are available for those  
unable to access virtual, a choice of dates and  
venues will be available on request.

Virtual sessions can easily be accessed from a  
computer, tablet or smartphone. Some  
participants have support from friends or family  
or use facilities such as at a library/ GP  
surgery. Support and/or a trial session will be  
offered.

**Please indicate if you feel your patient may  
be unable to access virtual sessions:**

No internet access ☐

No suitable device (computer/tablet/smartphone) ☐

Other (please specify).....

Please discuss with your patient what course they will be referred to and encourage them to attend, they will be sent information and a choice of dates to book onto.

## DIABETES EDUCATION PROGRAMME REFERRED TO (please tick)

### Not insulin treated

- ☐ **FIRST STEPS (2 hours virtual or 2.5 hours face to face)**
  - ☐ Newly diagnosed or no education attended
- ☐ **X-PERT DIABETES (6 x 2.5 hours virtual or face to face)**
  - ☐ following attendance at First Steps.At each annual review re-refer/ encourage to attend if have not already done so

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### Insulin Treated Diabetes

- ☐ **X-PERT INSULIN (6 x 2.5 hours virtual or face to face)**  
Type 1 or Type 2 diabetes on any insulin regimen, excluding those suitable for DAFNE
  - ☐ **DAFNE (Dose Adjustment For Normal Eating). (6 x 3 hours virtual groups plus online learning each week)**
  - ☐ Type 1 Diabetes only. On (or happy to change to) basal bolus insulin regimen.  
DAFNE Referral Criteria
    - ☐ Type 1 DM at least 6 months by the time they attend
    - ☐ Over 17 years old
    - ☐ HbA1c < 110mmol/mol
    - ☐ Motivated
    - ☐ Need for flexibility
    - ☐ Willing to inject and test at least 4 times daily
    - ☐ Absence of end stage complications
    - ☐ Availability to attend 6 week course/ commit to online learning and virtual group sessions
    - ☐ Numeracy skills
    - ☐ Basal bolus insulin regimen, long acting insulin.....mealtime insulin.....
  - ☐ **DAFNE PUMP.** As above - for pump users who have not previously attended DAFNE
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- ☐ **CARBOHYDRATE COUNTING WORKSHOP, (2 x 1.5 hours virtual/ 1 x 3 hour face to face)**  
Type 1 on **Basal Bolus insulin** regimen (or Type 2 on basal bolus with good knowledge)  
As examples- ideal for
    - ☐ New Type 1 (before DAFNE)
    - ☐ Refresher post DAFNE or X-PERT Insulin
    - ☐ Taster session or if unable to attend DAFNE or X-PERT Insulin
  - ☐ **CARBOHYDRATE AWARENESS SESSION, (2 hours virtual/ 2.5 hour face to face)**  
Type 2 on **any insulin** regimen or **existing Type 2 on multiple diabetes medications**  
OR- Type 1 on mixed insulin/ unsuitable for DAFNE  
As examples - ideal for
    - ☐ Taster session before X-PERT Insulin/ X-PERT Diabetes
    - ☐ Refresher post X-PERT Insulin/ X-PERT Diabetes
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- ☐ **ANNUAL UPDATE SESSION, (2-3 hours virtual or face to face)**  
**for people who have already attended:**
    - ☐ X-PERT DIABETES
    - ☐ X-PERT INSULIN
    - ☐ DAFNE
    - ☐ INSULIN PUMP USERS

If you are unsure which is the most appropriate session for your patient or have any queries please contact  
[wah-tr.worcsdiabetesed@nhs.net](mailto:wah-tr.worcsdiabetesed@nhs.net)

## HEALTH PROFILE INFORMATION.

This is used to help identify the most suitable course and is provided to the patient during their education programme

Height.....

Weight.....

BMI.....

Waist Circumference.....

Blood Pressure.....

Total Cholesterol.....

HDL.....

LDL or non HDL.....

Triglycerides.....

Total Chol:HDL ratio.....

ACR .....eGFR.....

Liver function GGT.....

Please email to [wah-tr.worcsdiabetesed@nhs.net](mailto:wah-tr.worcsdiabetesed@nhs.net)