



Name	NHS Number	Date			
Type 1 Diabetes Consultation Tool This form will help you and your health care professional to plan your diabetes care. Please let us know if you would like any assistance to complete this form.					
Part 1: Please fill this part out before you go into your consultation					
Q1 Please tell us what would appointment today?	you like to discuss	s at your			

Q2	2 Have you had any hospital admissions due to diabetes in the last 12 months?			
	□ Yes □ No			
Q2a	If yes how many and when?			

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Q6 Please indicate on the scale how aware you are of when your hypos are commencing? (Gold Score)

ALWAYS

1

2

3

4

5

6

7

NEVER

Q7 What is your blood sugar level <u>on average</u> when you notice you are having a hypo?

Below 2.2 mmol/L

2.2 - 2.7 mmol/L

2.8 - 3.3 mmol/L

☐ Above 3.3 mmol/L

Q8 Living with diabetes can sometimes be tough. There may be many problems and hassles concerning diabetes and they can vary greatly in severity. Please consider the degree to which each of the 2 items below may have distressed or bothered you **IN THE LAST 4 WEEKS** and circle the appropriate number.

Below 2.2 mmol/L

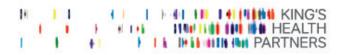
2.2 - 2.7 mmol/L

2.8 - 3.3 mmol/L

Above 3.3 mmol/L

- Q8a Feeling overwhelmed by the demands of living with diabetes
 - 1 Not a Problem
 - 2 A Slight Problem
 - 3 A Moderate Problem
 - **4** A Somewhat Serious Problem
 - **5** A Serious Problem
 - **6** A Very Serious Problem

- Q8b Feeling that I am often failing with my diabetes routine
 - Not a Problem
 - 2 A Slight Problem
 - 3 A Moderate Problem
 - A Somewhat Serious Problem
 - **5** A Serious Problem
 - A Very Serious Problem





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Type 1 Diabe	etes Consultation Too	ol			
Part 2: You of this part out	and your healthcare	professional will	fill		
Number of severe hypos in past 12 months (Q5)	s Gold score	Todays' HbA1c: (can be from within last 6 weeks)			
Complicatio	ns				
Q9 Please tick existing complications:					
□ N	o complications	Peripheral disease	vascular		
\square N	Nicroalbuminuria	Retinopath	y P		
Pı	roteinuria	Gastropare	esis		
	roke/Transient haemic Attack (TIA)	Peripheral	neuropathy		
□ Is	haemic heart disease	Э			

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Clinical Notes:

BP Consider

CBG

Erectile dysfunction

Testing frequency

Exercise

Alcohol

Driving

Medication changes

Pre-conception planning

Injection sites

EGFR

CHOL

URINE ACR

BMI



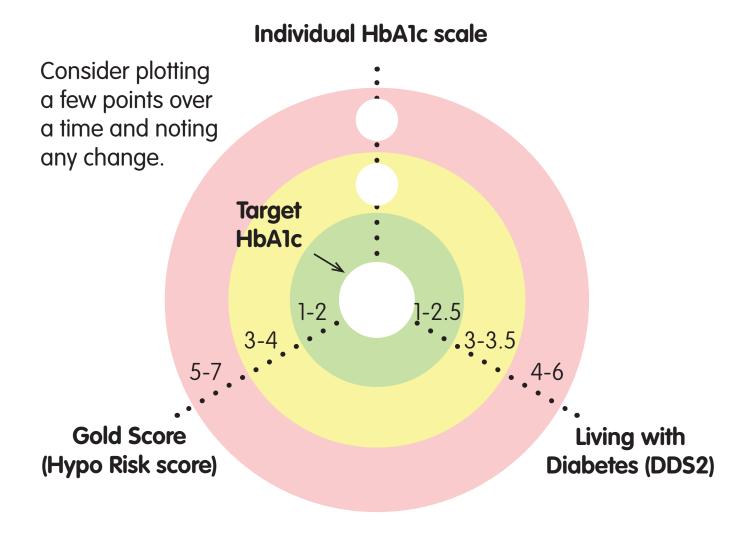


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Part 3: You and your healthcare professional will fill this part out together

Your personal care plan, you may take this section home with you



Suggested HbA1c scale

>9.0% > 75 mmol/mol <6.5% or 7.5 – 9.0% <48 mmol/mol or 58-75 mmol/mol

6.5%-7.5% 48-58 mmol/mol

Agreed care plan

Action for patient:	
Action for GP:	
ACIION IOI GP:	
Action for diabetes team:	
Next appointment / Who to contact with any questions or concerns	

Agreed target HbA1c:

Date for follow up: