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 you like to discuss at your appointment today?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Q2 Have you had any hospital admissions due to diabetes in the last 12 months?

☐ Yes  ☐ No

Q2a If **yes** how many and when?

________________________________________________________________________
________________________________________________________________________
Q3 Have you been offered a referral to a structured education course e.g. DAFNE?

☐ Yes  ☐ No

Q3a If **yes** when did you complete the course or complete a refresher?


Q4 Please indicate on the scale how confident you are in carbohydrate counting?

**NOT CONFIDENT**

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

**VERY CONFIDENT**

Q5 How many hypos have you had in the last year that you were unable to treat by yourself?
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 **on average** 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

<table>
<thead>
<tr>
<th>Q8a Feeling overwhelmed by the demands of living with diabetes</th>
<th>Q8b Feeling that I am often failing with my diabetes routine</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Not a Problem</td>
<td>1 Not a Problem</td>
</tr>
<tr>
<td>2 A Slight Problem</td>
<td>2 A Slight Problem</td>
</tr>
<tr>
<td>3 A Moderate Problem</td>
<td>3 A Moderate Problem</td>
</tr>
<tr>
<td>4 A Somewhat Serious Problem</td>
<td>4 A Somewhat Serious Problem</td>
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<tr>
<td>5 A Serious Problem</td>
<td>5 A Serious Problem</td>
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<tr>
<td>6 A Very Serious Problem</td>
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Part 2: You and your healthcare professional will fill this part out together

Number of severe hypos in past 12 months (Q5)  Gold score (Q6)  Todays’ HbA1c: (can be from within last 6 weeks)  “Living with diabetes” score (DDS) (average of Q8a and Q8b)

Complications

Q9 Please tick existing complications:

- No complications
- Peripheral vascular disease
- Microalbuminuria
- Retinopathy R___ M___ P___
- Proteinuria
- Gastroparesis
- Stroke/Transient Ishaemic Attack (TIA)
- Peripheral neuropathy
- Ishaemic heart disease
Structured education and therapy:

Q10 Structured education status (Q3 and Q3a):

☐ Completed course or refresher course  Date:

☐ Referred  Date:

☐ Declined  Date:

Q11

☐ CSII (Pump)

☐ MDI

☐ RT-CGM

Care Processes: (Please add values if known)

Q12 Please indicate which checks you have received in the past 12 months?

☐ Blood Pressure  ☐ BMI (body mass index)

☐ Cholesterol  ☐ Foot check

☐ Urine ACR (Urine protein)  ☐ Smoking cessation

☐ HbA1c  ☐ Retinal screen

☐ eGFR/Cr (kidney function)
<table>
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<th>Clinical Notes:</th>
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<tr>
<td><strong>BP</strong></td>
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<tr>
<td><strong>Consider</strong></td>
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<td>CBG</td>
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<td>Erectile dysfunction</td>
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<td>Testing frequency</td>
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<td>Exercise</td>
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<td>Injection sites</td>
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<td><strong>CHOL</strong></td>
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<td><strong>EGFR</strong></td>
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<tr>
<td><strong>URINE ACR</strong></td>
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<tr>
<td><strong>BMI</strong></td>
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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

Consider plotting a few points over a time and noting any change.

Individual HbA1c scale

Target HbA1c

Gold Score (Hypo Risk score)

Living with Diabetes (DDS2)

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:

Action for diabetes team:

Next appointment / Who to contact with any questions or concerns

Agreed target HbA1c: Date for follow up: