

**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 you like to discuss at your appointment today?

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Q2 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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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?

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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?

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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 **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

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

**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

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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)	Today's HbA1c: (can be from within last 6 weeks)	"Living with diabetes" score (DDS) (average of Q8a and Q8b)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Complications

Q9 Please tick existing complications:

- |   |  |
|---|--|
| <input type="checkbox"/> No complications                       | <input type="checkbox"/> Peripheral vascular disease   |
| <input type="checkbox"/> Microalbuminuria                       | <input type="checkbox"/> Retinopathy<br>R___ M___ P___ |
| <input type="checkbox"/> Proteinuria                            | <input type="checkbox"/> Gastroparesis                 |
| <input type="checkbox"/> Stroke/Transient Ishaemic Attack (TIA) | <input type="checkbox"/> Peripheral neuropathy         |
| <input type="checkbox"/> 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) \_\_\_\_\_

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**Clinical Notes:**

BP

**Consider**

CBG

Erectile dysfunction

Testing frequency

Exercise

Alcohol

CHOL

Driving

Medication changes

Pre-conception planning

Injection sites

EGFR

URINE ACR

BMI

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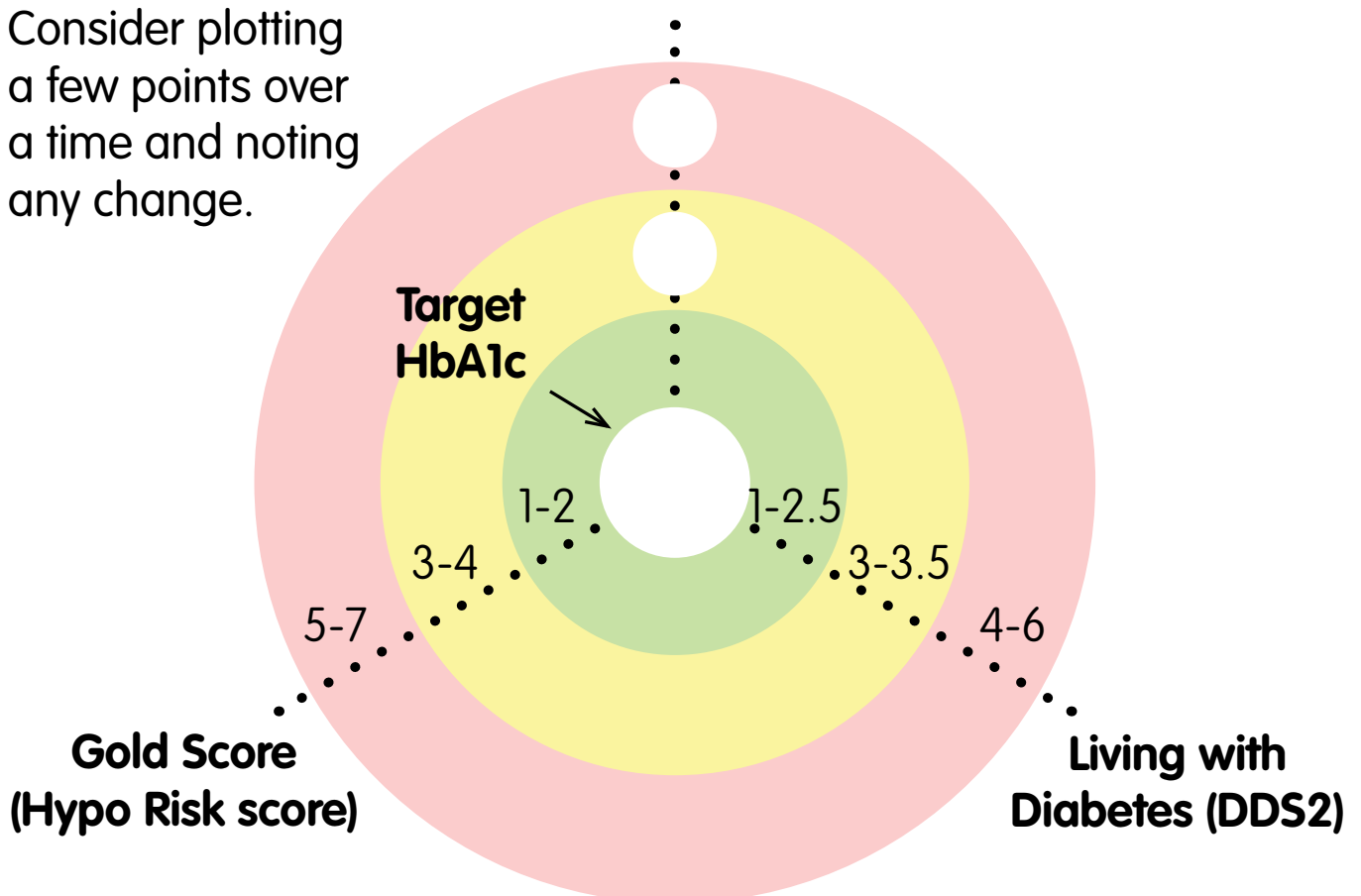
## Type 1 Diabetes Consultation Tool

**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

### Individual HbA1c scale

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



### 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



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## Agreed care plan

Action for patient:

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Action for GP:

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Action for diabetes team:

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Next appointment / Who to contact with any questions or concerns

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**Agreed target HbA1c:**

**Date for follow up:**