

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.

	Not a Problem	A Slight Problem	A Moderate Problem	Somewhat Serious Problem	A Serious Problem	A Very Serious Problem
Q8a. Feeling overwhelmed by the demands of living with diabetes	1	2	3	4	5	6
Q8b. Feeling that I am often failing with my diabetes routine	1	2	3	4	5	6

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<input type="text"/>	<input type="text"/>	<input type="text"/>

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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)
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#### Complications

Q9 Please tick existing complications:

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

#### Structured education and therapy:

Q10 Structured education status (Q3 and Q3a):

- |   |                                   |                                   |
|---|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Completed course or refresher course | <input type="checkbox"/> Referred | <input type="checkbox"/> Declined |
| Date: <input type="text"/>                                    | Date: <input type="text"/>        | Date: <input type="text"/>        |

- 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?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Blood Pressure            | <input type="checkbox"/> HbA1c                     | <input type="checkbox"/> Foot check        |
| <input type="checkbox"/> Cholesterol               | <input type="checkbox"/> eGFR/Cr (kidney function) | <input type="checkbox"/> Smoking cessation |
| <input type="checkbox"/> Urine ACR (Urine protein) | <input type="checkbox"/> BMI (body mass index)     | <input type="checkbox"/> Retinal screen    |

#### Clinical Notes:

BP	<b>Consider</b> CBG Erectile dysfunction Testing frequency Exercise Alcohol Driving Medication changes Pre-conception planning Injection sites
CHOL	
EGFR	
URINE ACR	
BMI	

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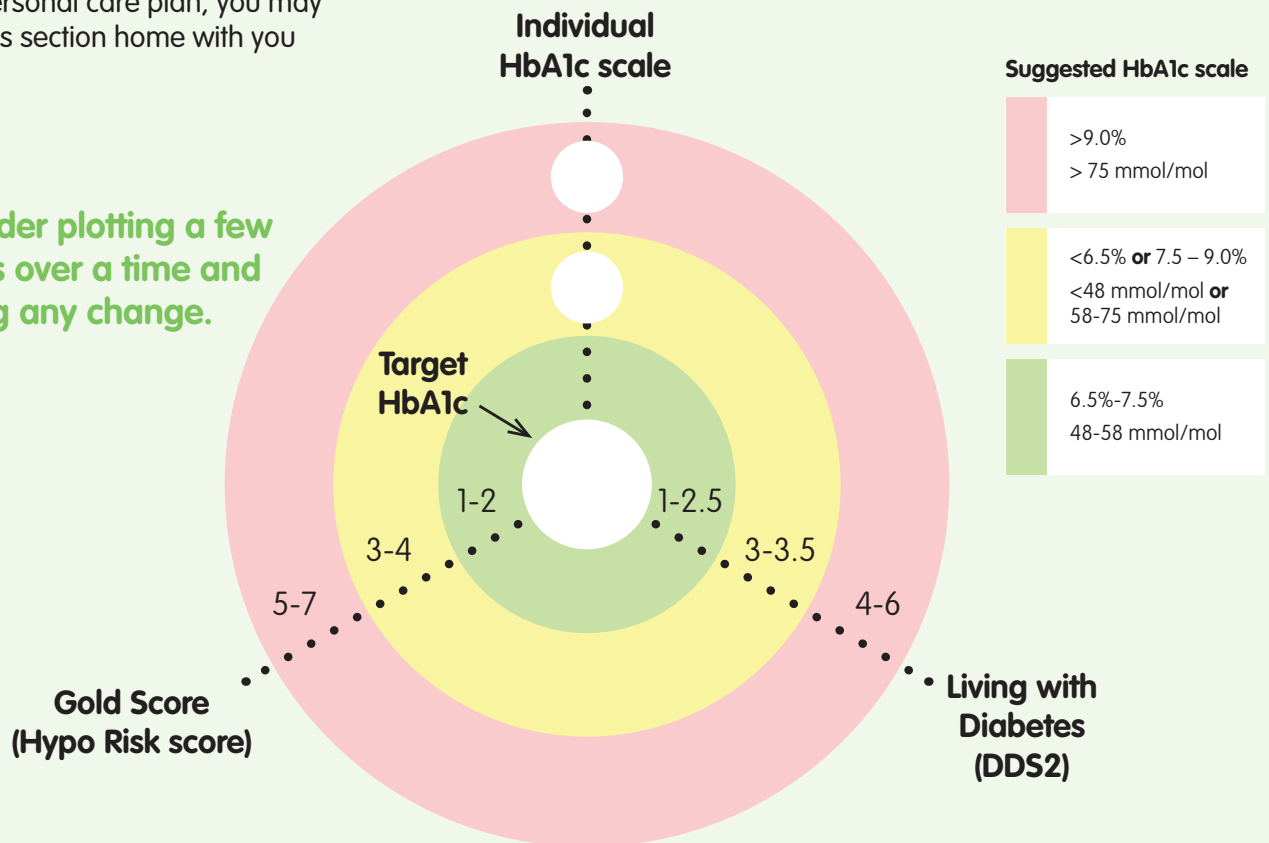
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### Part 3: You and your healthcare professional will fill this part out together

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

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



### 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:**