DIABETES LIAISON NURSE REFERRAL SHEET

PATIENT DETAILS/ADDRESSOGRAPH         TELEPHONE NUMBER

HbA1C RESULT AND DATE:

ACTION REQUIRED

☐ RE-EDUCATION  ☐ PRE-PREGNANCY
☐ TYPE 2 CONVERSION  ☐ TRAVEL ADVICE
☐ CHANGE OF INSULIN  ☐ GLUCAGON ADMINISTRATION
☐ IMPROVE CONTROL  ☐ COMMENCEMENT OF HBGM
☐ COMMUNITY FOLLOW UP  ☐ OTHER

COMMENTS:

INSULIN PRESCRIPTION WITH STARTING DOSES:

MISCELLANEOUS:

DOCTORS SIGNATURE………………………………………………… DATE………………………
The above referral sheet, which is yellow, is self-explanatory. However it is very helpful if the following recommendations are adhered to:

- Please include patient’s contact number and unit number which is needed to track the notes down
- If the patient has seen a Diabetes Liaison Nurse in the past please specify who the nurse is (for continuity of care)
- It is not necessary to give a referral sheet and a copy of the patient’s clinic letter as this often results in duplication of appointments by two different DLN’s. Either one is acceptable.
- If prescribing insulin please state type and starting dose. Also if the patient is to stop/continue/reduce OHA please specify.
- Please date referral sheet.
- **There is always an on-call DLN available during working hours; he/she can be bleeped through the hospital switchboard.**