eced Edinburgh Centre for Endocrinology & Diabetes

NHS Lothian

Diabetes technology referral
Adults with type 1 diabetes

Date of referral	XX/XX/XX	CHI number	1111111111
Patient name	Name here		

Technology type:

CSII	_	CGM	_	HCL (MDI user)	_	HCL (CSII user)	_

Reason for referral (tick all that apply):

Current pregnancy	_	Planning pregnancy	_
Severe hypoglycaemia	_	Impaired awareness of hypoglycaemia	_
Frequent hypoglycaemia causing problems with daily activities			_
Extreme fear of hypoglycaemia	_	HbA1c persistently > 70mmol/mol	_
Currently on CSII which has HCL functionality			_

Referral type:

Routine	_	Urgent	_	If urgent, explain why below

Additional comments on eligibility and current therapy:

Text

Please indicate here if complex needs / likely to require 1:1 training

Please confirm the following:

Patient has been made aware of the referral process and likely waiting time	_
Patient has received appropriate diabetes education or has been referred for this	_

Name of referring clinician	Name here
Email of referring clinician	Email here