

**GP referral form for preoperative diabetic surgical patients**

Name:

DOB:

Duration and Type Diabetes: .....

Place of diabetic care      Primary      Secondary

**Specific Diabetic complications**

Cardiac disease:      Hypertension      IHD      AF      Cardiac Surgery  
 Foot problem:      Peripheral neuropathy      Active foot ulcer      Ischaemia  
 Renal Impairment      Y/N

Details comorbidities: .....

.....  
 .....  
 .....  
 .....

|                       | <b>Medication</b> | <b>Frequency</b> |
|-----------------------|-------------------|------------------|
| Treatment – DM - Oral |                   |                  |
| - Insulin             |                   |                  |
|                       |                   |                  |
|                       |                   |                  |
| Other Co morbidities  |                   |                  |
|                       |                   |                  |
|                       |                   |                  |
|                       |                   |                  |
|                       |                   |                  |

**RECENT VALUES ( if not within 3 months, please repeat)**

BMI -                      ( Date:.....)  
 BP -                        ( Date:.....)  
 eGFR -                    ( Date:.....)  
 HbA1c -                    ( Date:.....) – ideally < 70mmol/mol  
 ( Consider referral to diabetes specialist team for advice if >70)

Please refer patients with hypoglycaemic unawareness to diabetes specialist team for advice.