# Referral form: MODY REFERRAL FORM

## Please send completed form via *MODYDiabetes@uhb.nhs.uk*

**INCOMPLETE REFERRALS MAY NOT BE ACCEPTED AND COULD DELAY PATIENT ACCESS TO THE SERVICE**

|  |  |
| --- | --- |
| Patient Name:       | Surname:       |
| Date of birth:       | Gender Male [ ]  Female [ ]  | NHS number:      |
| Ethnicity  | Interpreter required? No [ ] Yes [ ]  Main Language Spoken       |
| Does this patient have access needs? (E.g. requires letters in large print, easy read or with symbols/pictures, sign language interpreter etc.)No[ ] Yes [ ]  Please state:       | Patient Home Address      Patient Postcode       |
| Contact number:       | **Consent** to leave voicemail Yes [ ]  No [ ]  |
| Mobile Number       | **Consent** for SMS Yes [ ]  No [ ]  |
| Email address       | **Consent** for Email Yes[ ]  No[ ]  |
| GP Practice Name & Address       |  Is this practice in Birmingham & Solihull CCG?Yes [ ] No [ ]  *Please contact service to discuss referral before completing this form.* |
| Name of referrer      NHS email address of referrer       | Date of referral  |

# Inclusion criteria (please tick):

In order to refer a patient to this service they must meet the following inclusion criteria (please tick):

* Diabetes onset age <35years (36-45years if high suspicion)
* BMI <27/95th percentile
* Family History of young adult onset diabetes
* Negative GAD antibodies

# Atypical type 1 diabetes

* No history of DKA
* C-peptide >200pmol/L beyond 3years of diabetes diagnosis (applies to secondary care only)

# ATYPICAL TYPE 2 DIABETES

Absence of:

* Obesity
* Dyslipidaemia

# ANY Additional features

* Deafness
* Renal abnormalities
* Genitourinary abnormalities
* Severe Insulin Resistance in absence of obesity

# Family HISTORY of DIABETES

* Mother
* Father
* Sibling
* Maternal grandparent
* Paternal grandparent
* Other (please comment):

# Relevant clinical details

|  |
| --- |
| Anthropometry |
| Current weight (Kg)        | Date taken       | Height (cm)       | Current BMI       |

|  |
| --- |
| Existing co-morbidities AND MEDICATIONS (Please list) |
| RELEVANT PAST MEDICAL HISTORY: | CURRENT DIABETES TREATMENT: |

# Investigations

[ ]  Blood tests including: HbA1c, Lipid profile, Urea and Electrolytes, LFTs, GAD antibodies are attached

Thank you for completing this referral