# Referral form: MODY REFERRAL FORM

## Please send completed form via [*MODYDiabetes@uhb.nhs.uk*](mailto: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