Please email completed forms to [scwcsu.coventrywarwickshire@nhs.net](mailto:scwcsu.coventrywarwickshire@nhs.net)

## Patient must meet the essential criteria below

* HbA1c results between 42–47.9mmol/mol (6.0–6.4%), or Fasting Plasma Glucose [FPG] result between 5.5-6.9 mmols/l dated within the last 12 months. If patient has a history of Gestational Diabetes (GDM) then patient is eligible with HbA1c < 42 mmol/mol or FPG < 5.5mmol/l.
* Where applicable, a previous history of GDM should be indicated under the ‘Referral Information’ section, regardless of whether current glycaemic status is normoglycaemic or non-diabetic hyperglycaemia.
* Patient does not have Type 2 Diabetes - if a reading is in the diabetic range (HbA1c ≥48 or FPG ≥7) the individual is not eligible. If two blood test readings are provided on the referral, and one is in the diabetic range, you will be asked to confirm that the patient is not being treated as diabetic.
* Patient is registered with a GP Practice within Coventry & Warwickshire, is not pregnant and aged 18 years or over. If aged over 80, you must confirm that you consider that the benefits of this programme are likely to outweigh the potential risks.
* There is no medical reason why this patient should not take part in a programme that includes light-moderate physical activity.

## Patient details

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | Telephone number |  |
| First name |  | Telephone: Can we leave a voicemail? |  |
| Surname |  | Mobile number |  |
| Address |  | Mobile: Can we leave a voicemail? |  |
| What is the patient’s first language? |  |
| Does the patient speak English? |  |
| Date of birth |  |
| Ethnicity |  |
| Postcode |  | Gender |  |
| NHS number |  | Is the patient on the Severe Mental Illness Register? | Please Select |
| Email address |  | Is the patient on the Learning Disability Register? | Please Select |
| Does the patient have a visual impairment? | | | Please Select |
| Does the patient have a hearing impairment? | | | Please Select |
| If required, what is the patient’s preferred method of contact? | | | Please Select |

## Referral information

|  |  |  |
| --- | --- | --- |
| Height measurement (m) |  | |
| Weight measurement (kg) |  | |
| Date of weight measurement |  | |
| HbA1c reading (mmol/mol) |  | |
| Date of HbA1c reading |  | |
| Fasting Plasma Glucose [FPG] reading (mmol/L) |  | |
| Date of FPG reading |  | |
| Was the patient referred following an NHS Health Check? | | Please Select |
| Does this patient have a history of GDM? | | Please Select |

## Patient’s GP details

|  |  |  |  |
| --- | --- | --- | --- |
| GP’s surgery name |  | Practice code |  |
| Surgery address |  | | |

## Referrer details

|  |  |  |  |
| --- | --- | --- | --- |
| Referrer’s organisation |  | | |
| Referrer’s name |  | Referral date |  |
| GP Statement - by completing this form you confirm that the patient has been informed that:   * Their personal and medical information is being shared with Xyla so they can participate in the programme. * Outcome data will be shared securely with their GP. * Xyla will issue a privacy Notice to the individual when contact is made. | | | |

## Confirmation for patients aged over 80 years

|  |  |
| --- | --- |
| **MUST BE COMPLETED IF PERSON REFERRED IS AGED OVER 80 YEARS.**  Weight loss may cause or exacerbate sarcopenia even if there is co-existent obesity, leading to functional decline and risk of falls, and this risk is elevated in older people or those with frailty. This programme is likely to result in weight loss.  Do you consider that the benefits of this programme are likely to outweigh the potential risks for this individual? |  |

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END OF REFERRAL FORM 