

## BNG: Diabetes Clinic / Diabetes Specialist Review

**Bolded Underlined texts are compulsory fields Circle Response where able**

Reminder: Electronic summaries of previous events in BadgerNet-can be found in RCP and 3M.

<p><b><u>Full Name</u></b></p> <p><b><u>NHI</u></b></p> <p><b><u>Or attach Patient Label</u></b></p>	<p>This form must be handed to the Ward Clerk or Receptionist on Completion/Discharge for Data Entry in BadgerNet after the Outage.</p> <p><b>DO NOT SEND TO CHARTVIEW</b></p>
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<b>DIABETES CLINIC / DIABETES SPECIALIST REVIEW</b>	
<b>DETAILS TAB:</b>	
<b><u>Date and Time Recorded:</u></b>	
<b><u>Specialist Type:</u></b> Diabetes / Other _____	
<b><u>Conducted by:</u></b>	
<b><u>Type of User:</u></b> Consultant / Physician / Other _____	
<b><u>Type of assessment:</u></b> Face to face / Phone call / Virtual Consultation	
<b><u>Location:</u></b> ACH / GLCC / Other: _____	<b><u>Type of Visit :</u></b> First visit / Follow up / Postnatal
<b><u>Type of Diabetes:</u></b>	
<b><u>Date of Diagnosis</u></b>	
<b><u>Type of Diabetes Control:</u></b>	
<b><u>Diabetes Complications (Existing):</u></b>	
<b><u>Lead Professional and Contacts:</u></b>	
<b><u>Diabetologist</u></b>	
<b><u>Diabetic Midwife/Nurse Specialist</u></b>	
<b><u>Dietician:</u></b>	
<b>DISCUSSION AND EDUCATION TAB:</b>	
<b><u>Antenatal:</u></b>	
<b><u>Maternal Risks:</u></b>	
<b><u>Fetal Risks:</u></b>	

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REVIEW TAB		
Retinal Screening status	Normal	Abnormal
Left Eye Actions Referred		
Right Eye Actions Referred		
Renal Issues: Yes / No Details:		
Neuropathy Issues: Yes / No Details:		
Examination:		
Clinical Notes:		

RECOMMENDATIONSTAB
Diabetes Management Plan: <u>Review Completed by:</u>
Antenatal Plan:
Intrapartum Plan:
Postnatal Plan: