

**Preparing for your care and support telephone or virtual review**

Due to the current coronavirus crisis we are making changes to the way we carry out long term health condition reviews. This is to reduce the risk of contracting the virus and to maintain social distancing wherever possible. On occasion we will need to arrange blood tests or see you in the surgery.

**Your telephone/virtual review**

We have set aside 30 minutes for this appointment so you may wish to make sure you can sit comfortably. Feel free to have someone else with you on the call.

Please have the following to hand:

* This letter with any notes or questions you have written down
* Your list of medications
* A note of any unusual symptoms you have been experiencing
* The results of any home monitoring such as blood glucose levels, home BP readings, etc.
* Pen, paper and reading glasses if you need them to make any notes you may need

Please take some time to fill in the below boxes prior to your appointment to ensure we use the time to full advantage and are able to cover everything.

|  |  |  |
| --- | --- | --- |
| **Your readings/results/observations:** | | |
| **Blood Glucose Readings:**  You may have been asked to record some of your readings prior to this appointment. Are you able to supply some readings from the past week? | Yes | No |
| Any hypoglycaemia? (where blood glucose level drops below 4) | Yes | No |
| **Blood Test:**  Have you had your bloods taken recently? | Yes | No |
| **HbA1c:** Please record the figure if known and taken in the last 3 months |  | |
| **Blood Pressure:** Record your blood pressure if possible |  | |
| **Weight:** Record your weight if possible |  | |
| **Medications:**  Have you been taking your medications as prescribed? | Yes | No |
| Have you had any difficulty getting hold of your medications or prescriptions? | Yes | No |
| **Feet:**  Are there any changes to your feet that you would like to discuss? | Yes | No |
| Have you confidently completed the “touch the toes” test via this link:  <https://www.diabetes.org.uk/guide-to-diabetes/complications/feet/touch-the-toes> | Yes | No |
| **Eyes:**  When was your last diabetes retinal screening? |  | |
| Are there any issues currently with your eyes? | Yes | No |

**Your Wellbeing:** Please answer the below statements:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Not A Problem  0 | A Slight Problem  1 | A Moderate Problem  2 | Somewhat Serious Problem  3 | A Serious Problem  4 | A Very Serious Problem  5 |
| 1 Feeling overwhelmed by the demands of living with diabetes |  |  |  |  |  |  |
| 2 Feeling that I am often failing with my diabetes routine |  |  |  |  |  |  |

**What do you want to discuss?**

|  |
| --- |
| **What questions do you want to ask? (please make a note of any questions)** |
|  |

Below are a few prompt questions to help you get the best out of your appointment. Please have a think about how things are going for you and what you might like to discuss at your review.

|  |  |
| --- | --- |
| **These are some things that people sometimes want to talk about. Tick any that are important to you.** | |
| Self-isolation/Feeling down or stressed  Medication and picking up prescriptions  What to do if I get ill?  Food choices  Pain/discomfort | Managing my symptoms  Coping with my day-to-day health  The impact of COVID-19 on my health conditions  Keeping active  Feeling lonely |