

SOUTH EAST LONDON FLASH GLUCOSE (FG) MONITORING 6-9 MONTH REVIEW FORM

This form is not required for adults living with type 1 diabetes. For guidance on continuous glucose monitoring (including flash glucose) in adults living with type 1 diabetes, please see updated guidance [here](#)

This completed form should be sent to the GP (copy provided to the patient/carer) after the 6-9 month review

Patient Details	GP Details
Surname	Name
Forename	Address
Address	
	Tel
Postcode	
NHS No	NHS.net email
DOB	
SEX: Male / Female	

Specialist Clinic Details	
Clinician Name	Contact tel. number
Clinic Name/Responsible Consultant Name	Hospital Name
NHS.net email	
Signature (can be typed if completing electronically)	
Next clinic appointment	Date FG initiated

The above patient has been reviewed 6-9 months after starting FG monitoring and has: (please fully complete either Box A or Box B):

BOX A – Not met NHS England continuation criteria. Please stop prescribing FG sensors. Alternative monitoring has been advised and the patient will be followed up at their next routine appointment	(✓ or x)
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BOX B – Met NHS England continuation criteria. Please continue to prescribe FG sensors	(✓ or x)	
OUTCOMES - After 6-9 months of use, one or more of the following has been achieved:	Yes	No
Improvement in HbA1c of ≥ 0.4% (4mmol/mol), or time in range		
Baseline HbA1C		HbA1C at 6 – 9 month review
Date		Date
Any reduction in episodes of diabetic ketoacidosis or any reduction in hypoglycaemia		
Improvement in psychosocial wellbeing: psychosocial score used:		
Baseline score		Score at 6-9 month review
Date		Date
Significant reduction in test strip use: safe and appropriate reduction of 8/day for adults or 7/day for children		
OTHER REQUIREMENTS:	Yes	No
I confirm that the patient has: <ul style="list-style-type: none"> 1. Completed FG monitoring education (online or in person) 2. Scanned glucose levels no less than 8 times per day and use the sensor >70% of the time 3. Attended regular reviews with the local clinical team 4. Previously attended, or due consideration given to future attendance, at a T1DM structured education programme (DAFNE or equivalent) 		

At all subsequent routine face-to-face appointments, we will review progress against the agreed starting criteria. The patient has been informed and has signed an agreement to say that they understand that should there be sustained improvement against the agreed criteria that ongoing FG sensor prescriptions will be recommended.

Yours sincerely
Diabetes Specialist Team, (Name of organisation)

cc Patient