

**REQUEST FOR PRIMARY CARE FOLLOW-UP FOR FREESTYLE LIBRE® -  
indications 1 and 3**

**Following a 2 month period, prescribing responsibility may be transferred to the GP practice for up to three months until expected outcomes are reviewed in clinic. For indications 1 and 3, a review of outcomes is advised after 6 weeks in primary care. If this is recommended for the patient, please send this request form following the usage review at 4 weeks post initiation.**

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

<b>To be completed by the initiating specialist clinician</b>	
<b>Clinician Name:</b>	
<b>Clinic Name</b>	
<b>Clinic Address:</b>	
<b>Contact tel number:</b>	
<b>Fax number:</b>	
<b>NHS.net email:</b>	
<b>Signature:</b>	
<b>Date of usage review in clinic (at 4 weeks post initiation):</b> ...../...../.....	
<b>Next clinic appointment:</b> ...../...../.....	
<b>Recommended primary care follow-up: w/c</b> ..... (6 weeks after initiation)	
<p><b>Notes to the primary care practitioner – please clearly state expected monitoring and prescribing needed in primary care</b></p> <p>Please append a copy of patient-prescriber agreement for reference. Further details regarding expected outcomes should already have been completed on this document.</p>	

Date Freestyle Libre® initiated:			
Tick the approved indication for Freestyle Libre®			
	Yes	No	Baseline values
Patients with type 1 diabetes on MDI or insulin pump therapy who test frequently			
Patients with type 1 diabetes on MDI or insulin pump therapy where conventional monitoring is not possible with SMBG testing			
To be completed in primary care and returned to the clinic using details above:			
Date of primary care appointment:			
Please confirm if the following outcome criteria have been met (tick those that apply and refer to details on patient-prescriber agreement form):		Yes	No
Number of test strips reduced by at least 8 strips a day for adults /7 for children aged 0-19 years over 6 weeks			
Achieved conventional monitoring as agreed between patient and specialist			
Please detail evidence discussed (e.g. download from reader and/or meter) and any further comments following review with the patient. <b>ALTERNATIVELY - IF PATIENT DID NOT ATTEND - PLEASE INDICATE HERE.</b>			

<b>Primary care practitioner (PCP): Please complete and send this form back to the specialist clinic confirming whether or not you agree to prescribe FreeStyle Libre® until the next appointment. A copy should be retained in the patient record and a copy returned to the specialist clinic as detailed above.</b>	
<p>This is to confirm I am agreeing to continue short-term prescribing of FreeStyle Libre® for this patient until confirmation has been received from the next clinic review.</p> <p>PCP name: ..... PCP signature: .....Date: ...../...../.....</p>	
<p>This is to confirm that I am <b>NOT</b> willing to accept prescribing responsibility of FreeStyle Libre® for this patient <b><u>for the following reason:</u></b></p> <p>.....</p> <p>PCP name: ..... PCP signature: .....Date: ...../...../.....</p>	