

PATIENT-PRESCRIBER AGREEMENT FORM

This completed form should be completed at initiation of flash glucose monitoring

Specialist clinicians and patients/carers should be aware that if flash glucose monitoring is prescribed for patients that do not meet the agreed criteria, prescribing responsibility will remain with the initiating specialist team and should not be transferred to primary care at any point

Patient Details	GP Details
Surname:	GP Practice:
Forename:	GP name:
Address:	Address:
Postcode:	Postcode:
Email :	Tel:
NHS No:	Fax:
DOB:	NHS.net email:
SEX: Male / Female	Blueteq Patient ID.:

Date of flash glucose monitoring initiation:	
Has the patient been self-funding the use of flash glucose monitoring prior to this appointment? (NB must still fulfil criteria as detailed in main document)	Yes / No

Before you can start **flash glucose monitoring**, you must read and sign this patient-prescriber agreement. By signing, you are confirming:

- The process below has been explained and you agree to attend all necessary appointments and use the device as directed.
- You have a good understanding as to how the device works and your own target outcomes, which should be achieved for continued NHS prescribing.
- If any of the points outlined in this agreement are not met, then the prescribing of flash glucose monitoring sensors on the NHS may be discontinued.

If you have any concerns about the use of this device at any point, please contact your specialist team (contact details provided at the end of this document).

Please sign to confirm you agree to the following:	Patient initials
I have undertaken a flash glucose monitoring training session on..... I have completed the training competency sheet and been supplied with a reader and two sensors.	
I will wear the sensor continuously (14 days at a time) and scan at leasttimes a day to provide continuous glucose readings for hours per day.	
I will attend a follow up session at my specialist clinic on the (one month after initiation) to discuss the use of this device and continued prescribing. If we agree I should continue using this device, two more sensors will be supplied from the specialist team (NOT from the GP). Attendance is mandatory for continuation. The first 2 months of sensors will be prescribed or supplied by the local diabetes specialist service	

I will attend specialist clinic for a follow up appointment 3 to 6 months after starting flash glucose monitoring to discuss my diabetes management, including any improvements in the agreed outcomes.	
Although my GP may take over prescribing after two months this will not be automatically put onto my repeat prescriptions. Your GP will consider prescribing up to 4 months of short-term prescriptions until the specialist notifies them about the discussions in our appointment regarding outcomes and the continued use of flash glucose monitoring.	
If the agreed outcome criteria are not achieved by clinic review at 3-6 months, I understand the flash glucose monitoring sensors may be discontinued on NHS prescription and my specialist will explore other management options with me.	
I will continue to attend quarterly/bi-annual/annual appointments, thereafter.	
Patient/carer signature:	Print name:

Communication and support

Specialist clinic contact:	

Specialist undertaking assessment please complete after the training session has been completed.

Signature:	
Print name:	
Position:	
Clinic name and address:	
Contact number:	
Date:	