

PRIMARY CARE  
**ISSUES & ANSWERS**

**PRE-CONSULTATION TEMPLATE**

Name: .....

Date of birth: ..... Age: .....

Date of T2D diagnosis: ..... Duration of T2D: .....

**CURRENT GLP-1 RA:** .....

Start date: .....

Maximum dose achieved and date: .....

Any periods of time without this medication: .....

	Date	HbA1c	Date	Weight & BMI	Notes
At start					
At 6-month review					
Has NICE criteria for continuation of GLP-1 RA been met? (HbA1c ↓ by ≥11 mmol/mol AND 3% weight loss by 6 months)				HbA1c reduction (mmol/mol): .....	
				Weight loss (%): .....	
Latest review					

IS REPEAT HBA1c NEEDED? YES  NO

**OTHER BLOOD GLUCOSE LOWERING THERAPIES:**

CURRENTLY PRESCRIBED				
Drug	Dose	Start date	Any scope to titrate dose?	
PRESCRIBED IN PAST (include all previous GLP-1 RAs)				
Drug	Dose	Start date	End date	Reason for stopping (Have circumstances altered? Can re-prescribing be considered?)

**CLINICAL CONSIDERATIONS TO GUIDE MANAGEMENT**

**CV risk status:**

Established CVD  Heart Failure  QRISK2 >10%  QRISK2 <10%

eGFR: ..... uACR: ..... CKD classification: .....

List co-morbidities: .....

**Frailty score:**

No frailty  Mild  Moderate  Severe

**RECOMMENDED HBA1c TARGET FOR DISCUSSION:** .....

**Glucose-lowering potency required:**

HIGH  MODERATE  LOW

**IS THERE SCOPE TO IMPROVE DIET & LIFESTYLE?** YES  NO

**FUTURE BLOOD GLUCOSE LOWERING OPTIONS**

List any agents that are unsuitable or contraindicated and why (Consider eGFR, Heart failure, active foot disease, previous DKA, HbA1c >86)	List suitable therapeutic options

**PLAN:**

.....  
.....  
.....

**Timeframe for being seen (according to level of priority):** .....

**Most appropriate clinician:** .....

**Remote/Face-to-face required:** ..... **Time slot:** .....

**ADD TO LIST TO CONSIDER RE-PRESCRIBING GLP-1 RA IN FUTURE?** YES  NO

The focus here is mainly on glycaemic management but this is a good opportunity to perform a holistic review of all care processes.

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