**Type 1 Diabetes Education Referral Form**

Please refer to the Devon Formulary and Referral website for helpful primary care information for management of referrals to Diabetes Education Programmes

<http://southwest.devonformularyguidance.nhs.uk/>

|  |  |
| --- | --- |
| Referring GP: | <Your Name> |
| Practice Name: | <Organisation Details> |
| Practice Address: | <Organisation Address> |
| Telephone: | <Organisation Details> |
|  |  |
| Ref: |  |

Request Type:Advice/Referral Date of Referral:<Today's date>

Patient Surname: **<Patient Name>**

Forename(s): <Patient Name>

**NHS Number: <NHS number>**

Address (inc postcode):

**<Patient Address>**

Gender:<Gender>

Ethnicity:**<Ethnicity>**

Preferred Tel No: <Patient Contact Details>

Tel No (Home): <Patient Contact Details>

Tel No (Mobile): <Patient Contact Details>

Patient’s email:

<Patient Contact Details>

|  |  |
| --- | --- |
| **Patient Information:** *Please answer the questions below:* | |
| Does your patient have needs that you feel might be able to be accommodated with reasonable adjustments to normal outpatient clinic arrangements? i.e. downstairs, wide door access, no lifts |  |
| Does your patient have a cognitive impairment e.g. learning disability, dementia? |  |
| Does your patient have a sensory impairment? |  |
| Does your patient have a physical impairment? |  |
| Name of Carer/Family Member/Friend (if applicable) |  |
| Is an interpreter required? If yes please state language |  |

**Relevant Past Medical History:**

<Summary(table)>

**Current Medication:** <Medication(table)>

|  |  |
| --- | --- |
| **Referral Metrics:** (Please include latest results where available) | |
| **Body Mass Index (BMI)** | <Latest BMI> |
| **Blood Pressure** | <Last 1 BP Reading(s)(table)> |
| **Smoking Status** | <Diagnoses(table)> |
| **Haemoglobin** | <Numerics> |
| **HbA1c** | <Numerics> |
| **Date of Diagnosis** |  |
| **Cholesterol** |  |