Bristol Community Health

NHS Bristol North Somerset South Gloucestershire

LIVING WITH DIABETES PROGRAMME

REFERRAL FORM

This form should be completed by the GP or Nurse. The person you are referring must be informed that their details are being forwarded to the Diabetes & Nutrition Services Office.

For monitoring purposes please complete and return this form even if your patient declines to take part in the Living with Diabetes programme.

Date of referral:

Person's details: **NHS Number:**

Title	First Name	Last Name

Date of Birth: Male / Female

Address:

Postcode:

Contact options:

☐ Post ☐ Telephone

☐ Text message ☐ Email

Email address ……………………………………….

Daytime Telephone (inc code): Mobile no :

GP's Name: **Referrer's Name:**

Practice Address & Telephone Number:

Referral Details:

This person was diagnosed with Type 2 Diabetes on _ _ / _ _ / 20_ _

The treatment plan at the time of referral was:

- ☐ Diet / Activity controlled
- ☐ Diet / Activity + Medication (please specify) _

This person has a copy of the Diabetes Information Pack? **YES / NO**

This person has specific needs e.g. wheelchair access, language interpreter, special diet, hearing loop etc. **YES / NO**

They will require the following support:

/ continued over

For monitoring purposes, please ask the person you are referring to complete the following:

Ethnicity

How do you describe your ethnic origin? Please tick one of the following:

White British	☐	Black / Black British	☐
White Other	☐	Asian / Asian British	☐
Mixed	☐	Chinese	☐

Other ………………………………….. ……….(please specify)

Disability

Do you consider yourself to be a disabled person?
(The Disability Discrimination Act defines disability as "a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities".)

Please tick one of the following

☐ Yes ☐ No

If you have answered "Yes", please tick any of the following that apply to you (or write, if "another cause"). You may tick more than one

☐ physical impairment	☐ visual impairment
☐ hearing impairment	☐ learning difficulty (describe): _____________
☐ living with a health condition e.g. HIV, multiple sclerosis, cancer	☐ mental health needs (describe): ________________

☐ another cause – please describe: ____

Religion

How do you describe your religion or belief? Please tick one of the following (or write, if "other")

☐ Buddhist	☐ Christian	☐ Hindu	☐ Jewish
☐ Muslim	☐ Sikh	☐ none	

☐ other – please describe: ____

Please return this form to:

Diabetes & Nutrition Services
Diabetes Education Service
John Milton Clinic
Crow Lane
Henbury
Bristol
BS10 7DP
:Telephone : 0117 9598970
Fax: 0117 9598971
E mail: DANS.bristol@nhs.net