

REFERRAL FORM FOR TYPE 2 DIABETES – STRUCTURED EDUCATION

This form is for referral to Structured Education for people with Type 2 Diabetes

Please send completed forms to CCS-TR.diabetesluton@nhs.net

PRACTICE INFORMATION

Practice name		Telephone	
Address and postcode			
Referrer name		Role	

PATIENT INFORMATION

Name		NHS Number	
Address and postcode			
Email		Pref. telephone	
Ethnicity		Date of Birth	

Date of diagnosis of Type 2 Diabetes:	
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RESULTS	DATE
Waist circumference (cm)	
BP (mmHg)	
HbA1c (mmol/mol)	
Total cholesterol (mmol/l)	

REASON FOR REFERRAL

Structured Education for Type 2 Diabetes: Carbohydrate awareness programme*
**Must be fluent in English*

Do they REQUIRE delivery in a language other than English? YES NO Language:
 Urdu/ Bengali

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