

**East Riding Community Diabetes Service**

**Referral Form**

**\*Please Note: Incomplete forms will be returned, resulting on delayed assessment\***

|  |  |
| --- | --- |
| Name of Referrer:  | Date of Referral:  |
| Job Title: |
| Address & contact number/email: |
| **PATIENT DETAILS** |
| Registered GP:  | GP Practice Address:  |
| Telephone Number: |
| Title:  | Forename:  | Surname:  | Known as:  |
| Date of Birth:  | Unit No: | NHS Number:  |
| Gender: | Ethnicity: |
| Religion:  |
| Address:  |
| Patient Home Telephone Number:  | Patient Mobile Number: |
| Preferred contact number: Home [ ]  Mobile [ ]   | Email address: |
| Lives alone/carers/nursing home/residential home: | Next of Kin/Carer/Emergency contact: |
| Consent to contact via SMS & Email  | Yes [ ]   | No [ ]  |
| Consent to contact via SMS & Email  | Yes [ ]   | No [ ]  |
| Translator required:  | Yes [ ]   | No [ ]   | Language required: |
| Accessible information needs:  | Yes [ ]   | No [ ]   | Detail needs: |
| Diagnosis:  | Client aware of diagnosis?  | Yes [ ]  | No [ ]  |
| Are there any other services involved in patient’s care | Yes [ ]   |  No [ ]  | Don’t know [ ]  |
| **SUPPORTING INFORMATION** |
| Is there a Lone working risk?  | Yes [ ]   | No [ ]  |
| Is there a Safeguarding risk?  | Yes [ ]   | No [ ]  |
| Has the patient given consent for the referral?  | Yes [ ]   | No [ ]  |
| Any concerns re Mental Capacity?  | Yes [ ]   | No [ ]  |
| **ReSPECT** document in place?  | Yes [ ]   |  No [ ]  | **(If yes give details)** |
| Smoking:  | [ ]  Yes  |  [ ]  No  | [ ]  Don’t know |
| HbA1c: (please give dates)Latest:Previous: |
| Diagnosis Date: | Other conditions and relevant social considerations: |
| Current Medication: |
| Reason for Referral:[ ]  New Type 1 [ ]  Therapy optimisation [ ]  Out of target blood glucose control [ ]  Carbohydrate counting  |
| Weight: | eGFR: |
| Height:  | Serum creatinine: |
| BMI: | Triglycerides: |
| Date:  | Signed:  |

Send completed forms to: Diabetes Specialist Nurse, Bridlington and District Hospital, Bessingby Road, Bridlington, YO16 4QP or email chcp.erspecialistdiabetesservices@nhs.net

\* **Please note it is CHCP Policy that a family member or friend cannot be used for translation purposes\***