

Wolverhampton Diabetes Centre

Referral Form

Patient Name: Patient Address: DOB: NHS No: Patient Landline Tel No: Patient Mobile Tel No: Year diagnosed with diabetes: T1 T2 <input type="checkbox"/> Not sure <input type="checkbox"/> <input type="checkbox"/>	Referring GP or Practice Nurse Practice details: <i>please inc phone, fax and email details:</i> Date of Referral: Ethnic group: Interpreter needed? Yes/No Main Language:
Reason for referral to Diabetes Specialist team:	
Any known diabetes complications:	
To whom referred – Consultant/ DSN/ Both	
Routine/ urgent	
Please attach computer print of past medical history and medication.	
Significant social history:	
Current Observations: weight BMI..... BP..... Smoking status.....	
Please ensure blood tests have been done available via lab links: (must have been done in the last 3 months) HbA1c, TSH, chol, HDL chol, U/E, Urine ACR	
If patient is testing capillary blood glucose, please ask them to bring their test results and meter with them when they see the doctor.	

Please send this form TOGETHER WITH computer summary printout for patient, including:

- **significant problems (past/present)**
- **medications (past present)**
- **“all values”**

Via choose and book:

Fax: Diabetes Centre 01902 695628

Email: DiabetesAdminTeam@nhs.net