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| Edinburgh Community Diabetes Team  Referral Form | | | |
| Patient name: Click to enter patient name.  Address: Click to enter address.  Tel Number: Click to enter tel number.  CHI: Click to enter CHI number. | | Referrer name: Click to enter referrer name.  Designation: Click to enter job title.  Base: Click to enter base address.  Tel Number: Click to enter tel number. | |
| Date of referral: Click to enter a date. | | Does patient consent to referral?  ☐ Y ☐ N | |
| (If different from referrer)  GP name: Click to enter GP name.  Address: Click to enter GP address.  Tel number: Click to enter GP tel number. | | | |
| Type of diabetes and PMH (please list or include on summary sheet - HBA1c, eGFR and recent blood glucose readings):  Click to enter details. | | | |
| Medication prescribed including insulin (please list or attach on summary sheet):  Click to enter details. | | | |
| Details of Secondary Care Diabetes Clinician and any other services involved in patient care: | | | |
| Name: Click to enter name.  Role: Click to enter role.  Tel Number: Click to enter tel number. | Name: Click to enter name.  Role: Click to enter role.  Tel Number: Click to enter tel number. | | Name: Click to enter name.  Role: Click to enter role.  Tel Number: Click enter tel number. |
| Reason for referral:  Click to enter details. | | | |
| If in hospital, planned date of discharge:  Click to enter a date. | | | |

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| **To refer this patient please complete form and email to:**  [**loth.communitydiabetesteam@nhs.scot**](mailto:loth.communitydiabetesteam@nhs.scot)  **Please attach a patient summary sheet** |  |