|  |
| --- |
| 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. |

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