**NEW e-referral form**

***REFERRAL CAN ONLY BE PROCESSED IF ALL FIELDS ARE COMPLETE***

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| **Newly diagnosed and refresher (WISER) diabetes education only.**  **This form should be used with e-referrals (Choose & Book).** |
| Please advise patients that the session lasts for 1hr 30mins. Patients will need internet access. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Please tick appropriate box: | ‘New2Diabetes’  Newly diagnosed Type 2 education (<1 year) | | WISER  Type 2 Refresher education  (>1 year) | | Patient does not have internet access – we will send a DVD | |
| **Diagnostic Result** | HbA1c | Date | BMI | Date | **Date of diagnosis** |  |
| **Last Result** | HbA1c | Date | BMI | Date |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Patient information** | | | | | | |
| Name | Title |  | | NHS No | |  |
| First |  | | D.O.B. | |  |
| Surname |  | | Tel No | |  |
| Address | |  | | Mobile No | |  |
| **Email Address** | |  |
| Additional needs, e.g. interpreter | |  |
| Post code | |  | |
| **Registered GP information** | | | | | | |
| Name | |  | | Surgery |  | |
| Telephone No | |  | | GP email |  | |
| **Diabetes medication** | | | | | | |
| Tablets  (titrated according to  NICE guidance) | |  | Insulin/GLP-1 | |  | |
|  |  | |
|  | ***Other medication – Please attach summary*** | | | |
| **Relevant Past Medical History** *If recent weight loss symptomatic of hyperglycaemia, polyuria thirst, unwell and/or Hba1c >100mmols/mol, please refer urgently to our service using our usual referral form.* | | | | | | |
|  | | | | | | |
|  | | | | | | |
| Cholesterol Blood pressure Smoker? Yes/No | | | | | | |