**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. |

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| 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 |

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|  **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 toNICE 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.* |
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|  Cholesterol Blood pressure Smoker? Yes/No  |