

## Referral Form for DESMOND Training

**D**iabetes **E**ducation and **S**elf **M**anagement for **O**ngoing and **N**ewly **D**iagnosed

<b>Date of referral</b>			
<b>Patient details</b>		<b>Practice Details</b>	
<b>NHS Number:</b>		<b>Referred by:</b>	
<b>Name:</b>		<b>GP:</b>	
<b>Address:</b>		<b>Practice Address:</b>	
<b>Ethnicity:</b>			
<b>DOB:</b>			
<b>Tel number:</b>		<b>Tel number:</b>	
<b>Mobile:</b>		<b>E mail:</b>	
<b>E mail:</b>			
<b>OGGT: Fasting</b>	<b>2 hours</b>	<b>HbA1c %</b>	
<b>(if taken)</b>			
<b>Current diabetes treatment:</b>			
<b>BP:</b>		<b>Cholesterol:</b>	
		<b>LDL</b> <b>HDL</b>	
<b>Weight:</b>	<b>Height:</b>	<b>Waist Circumference:</b>	
<b>Other medications:</b>			
<b>Self monitoring:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Urine testing</b> <input type="checkbox"/> <b>Blood testing</b> <input type="checkbox"/>			
<b>Date Diagnosed:</b>			
<b>Other relevant information</b>			
<b>Preferred area for DESMOND training:</b>			
Upload to Choose & Book or return completed form to: Referral Management Centre, Ground Floor, Mallard Court Express Park, Bristol Road Bridgwater TA6 4RN Tel: 01278 727442 Fax: 01278 727431 Email: bms@somerset.nhs.uk			