|  |
| --- |
| **Date:** |
| **PATIENT DETAILS** |
| **NHS Number** |  |
| **Surname** |  | **First Name** |  |
| **DOB** |  | **Gender** |  |
| **Address** |  |
|  |  |
|  |  | **Post Code** |  |
| **Telephone** |  | **Mobile** |  |
| **Ethnicity**  |  | **Email**  |  |
| **Year of Diagnosis**  |  | **Any family history of Diabetes?** |  |

|  |
| --- |
| **GP DETAILS** |
| **Name** |  |
| **Surgery Address** |  |
|  |  |
|  |  | **Post Code**  |  |
| **Your results** | Results | Date |  | Results | Date |
| HbA1c  |  |  | Blood pressure) |  |  |
| Total Cholesterol |  |  |  |  |  |
| HDL (mmol/l) |  |  | Waist Measurement |  |  |
| LDL (mmol/l) |  |  | Weight |  |  |

**To book your course contact the DESMOND team:**

**Telephone:** 01872 224051

**E-mail:** kernowhealthcic.desmond@nhs.net

**By post:** DESMOND, 1st Floor, Cudmore House, Oak Lane, Truro TR1 3LP

|  |  |  |
| --- | --- | --- |
| I confirm the reason for the referral has been explained and the person has consented to be contacted by the DESMOND Diabetes Education team**YES NO (please circle)** | I confirm that this person has consented to share this health data with the DESMOND Diabetes Education Service for monitoring purposes and that they consent to similar data being shared from their next annual diabetes review meeting**YES NO (please circle)** |  |