Community Diabetes Nurse Referral Form SE and MID Highland

**Patient’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHI Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient’s contact phone number/s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person Referring:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Status: GP / PN / Other\_\_\_\_\_\_\_\_\_\_Referring Practice­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_**

**Referral Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are there any Risks re Lone working Yes / No**

**Are there any risks associated to violence and aggression with seeing this patient Yes / No**

**If yes, please specify**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for referral: Please ensure patient is blood glucose testing prior to referral**

**Past medical history:**

**Current Diabetes Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any Contra-indicated Medication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BMI:\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_ Latest HbA1c:\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please email completed form to: [nhsh.communitydiabetesnurses@nhs.scot](mailto:nhsh.communitydiabetesnurses@nhs.scot)

**URGENT** referrals **MUST** be **Tel:** 01463 704625 **Mob:** 07748761674

phoned through

**Community Diabetes Nurse Team**

|  |  |  |  |
| --- | --- | --- | --- |
| **Claire Henderson-Hughes**  **Advanced Practice CDN/Team Lead**  **Tel: 01463 704625**  **Mob:07748761674**  **Email:**claire.henderson-hughes@nhs.scot | **Fiona Wilson**  **Senior Practitioner CDN – South East**  **Tel:** 01463 704631  **Mob:** 07748761728  **Email:**fiona.wilson45@nhs.scot | **Barry Gunn**  **Senior Practitioner CDN – South East**  **Tel:** 01463 704631  **Mob:** 07972621415  **Email:** barry.gunn@nhs.scot | **Tracey Roe**  **Senior Practitioner CDN – MID**  **Tel:** 01349 852496 ext 7398  **Mob:** 07966140586  **E-mail:** tracey.roe3@nhs.scot |