Community Diabetes Nurse Referral Form SE and MID Highland

Apply
Patient Label
Here

Patient's Contact Telephone Numbers – Home:_____ Mobile:_____

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 return completed form to:
URGENT referrals **MUST** be phoned through

Community Diabetes Nurses
Southside Lodge
45 Southside Road
Inverness IV2 4XA
Tel: 01463 704625 **Mob:** 07748761674
Email: high-uhb.communitydiabetesnurses@nhs.net

Community Diabetes Nurse Team

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