

DESMOND REFERRAL FORM AND HEALTH PROFILE

Please complete ALL sections in Capital Letters, as incomplete forms will be returned

Title:

Name:

Address:

Postcode: RH12 2JU

Daytime Contact No:

Mobile No:

DOB:

Full Surgery Address:

GPs Name:

Practice Nurse Name:

Referred By-

Date of Diagnosis:

Date of Next Review:

Date of Readings

BP Systolic	
BP Diastolic	
Total Cholesterol	
LDL	
HDL	
HbA1c	%
	mmol/mol

These values are essential for patients to complete their Health Profile when they attend the course

Has the course been discussed with the patient? Patient consent given? YES/NO

Has the patient been given "Do You Have Type 2 Diabetes?" leaflet? YES/NO

Please email to SC-TR.DESMOND@nhs.net or fax to 01273 254134

or post to:

Jo Heeley, DESMOND Coordinator, Community Diabetes Team, Hurstpierpoint Health Centre, Trinity Road, Hurstpierpoint, West Sussex BN6 9UQ