

Email: crgpa.desmondreferrals@nhs.net
 Telephone: 0808 169 1225

DESMOND Self-Referral Form <i>Please complete this form in FULL and write clearly in BLOCK CAPITALS</i>	
Your details:	
NHS Number : _____ Name: Mr/Ms/Miss/Dr _____ Full Postal Address _____ _____ Postcode: _____ Telephone No: _____ Mobile No: _____	Date of Birth: _____ Age: _____ Date of Diagnosis _____ Male /Female GP name: _____ Practice Address: _____ _____ _____

In order to get the most out of the Desmond session, please confirm that you agree with the below statements by signing on the line. If you do not agree with any of these statements, Desmond may not be the most suitable education session for you, however alternative options are available. Speak to your GP or practice nurse to find out more:

- I have been diagnosed with Type 2 diabetes
- I am aged over 18
- I am able to understand and communicate in English
- I am happy to participate in a group environment
- I have not attended Desmond before

Signed _____ Date ___/___/_____

In order for us to make sure you are comfortable and get the most out of the day, please indicate whether any of the below apply:

I have difficulties mobilising and/or use a wheelchair	
I am hard of hearing and/or lip read	
I find it difficult sitting down for long periods of time	

If any of the below apply, Desmond may not be a suitable method of education for you. Please discuss your interest in attending the Desmond programme with your GP or practice nurse as they can help you to decide which options may be most suitable:

- You are unable to hear without the ability to lip read.
- You have a learning disability.
- You do not speak or understand English.
- You have another form of diabetes that is not Type-2.
- You find it difficult to attend a day-long group session.

Please complete page 2.

The below information is used during the session to help you to understand your results. It is important that we have this information so that you are able to see these results in the session. Your GP or practice nurse can provide this information.

Date measures taken:			
	Measure		Measure
HbA1c mmol/mol		BP (mmHg): Systolic	
Total Cholesterol (mmol/l): Fasting Y/ N		BP (mmHg): Diastolic	
HDL (mmol/l):			
LDL (mmol/l):			

NB – Please write ‘unavailable’ if any results are missing as **we will not be able to accept referrals that are incomplete.**

Medication – please list below any medications you are currently taking and the dose.

In order for us to better improve the Desmond service, it would be really useful to know how you found out about self-referral to Desmond. Please select the option that applies:

- Online, please state where.....
- Through my pharmacist
- Through my GP surgery
- Through a friend
- Other, please state.....

Please return this completed form to your local DESMOND office:	
Coventry and Rugby GP Alliance Unit 1 The Boiler House Electric Wharf Sandy Lane Coventry CV1 4JU	Phone : 0808 169 1225