**Diabetes & Pregnancy Referral**

**Email to:** **Urgent** [shc-tr.salisbury-rapidreferralcentre@nhs.net](mailto:shc-tr.salisbury-rapidreferralcentre@nhs.net)

**Routine** [shc-tr.salisburyreferralcentre@nhs.net](mailto:shc-tr.salisburyreferralcentre@nhs.net)

**Patient Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | NHS No. |  |
| Address: |  | Date of Birth: |  |
| Home Telephone: |  |
| Work Telephone: |  |
| Email: |  | Mobile Telephone: |  |

**Referrer Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date of Referral: |  |
| Base: |  | Practice Code/ID: |  |
| Address: |  | Telephone: |  |

**Communication and Accessibility needs:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Interpreter required?: | Yes |  | No |  | Wheelchair access required? | Yes |  | No |  |
| Language: |  | | | | Learning Disability: |  | | | |
| Hearing: |  | | | | Other disability needing consideration: |  | | | |
| Vision: |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Military Service Person |  | Military Veteran |  | Member of Military Family |

**Reason for Referral**

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| Diabetic and new pregnancy – For urgent referral  Diabetic and planning to conceive |

**Further Information**

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**Medical Problems:**

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**Allergies:**

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|  |

**Medication:**

|  |  |
| --- | --- |
| Acutes: |  |
| Repeats: |  |