**Diabetes & Pregnancy Referral**

**Email to:** **Urgent** shc-tr.salisbury-rapidreferralcentre@nhs.net

 **Routine** 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:      |  |