Type 2 Diabetes Structured EducationProgramme

**Patient Self-Referral Form**

**The accredited structured education programme for managing type 2 diabetes in adults is a half-day group session led by healthcare professionals, including Diabetes Specialist Nurses and Diabetes Dietitians.**

**Who can attend?**

Anyone with type 2 diabetes or those supporting a relative with type 2 diabetes can attend the course.

**What will be discussed?**

* Understanding Diabetes
* Medications for Diabetes
* Understanding monitoring and targets
* Diabetes complications and how to avoid them
* What to eat and exercise

**Where and how long is the course?**

The course takes place at the Hawthorn Centre, Rochford Hospital, once or twice each month. The course programme runs for half a day and you can choose to attend a morning or afternoon session.

**How to register**

Complete all sections of the application form below and return via email to [epunft.diabetes.education@nhs.net](mailto:epunft.diabetes.education@nhs.net%20) or by post to EPUT Adult Integrated Diabetes Service, Raphael House, Old Ship Lane, Rochford, SS4 1DD.

**If you would like to speak to someone in the South East Essex Adult Diabetes team about the course or your application please call 01702 372081.**

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|  | |
| **Patient Details** | |
| Date of Referral: | NHS Number: |
| Forename: | Surname: |
| Home Address and Postcode: | |
| Date of Birth: | Gender: |
| Home Telephone: | Mobile Telephone: |
| Email address: | |

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| **GP Details** | |
| Registered GP: | Telephone: |
| Clinic/ Practice Name: | Clinic/ Practice Address: |

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| **Medical Information** | |
| Are you pregnant? | Yes No |
| Date of Diabetes Diagnosis: | Current HbA1c Level: |
| Please list any current medication:  1.  2.  3.  4.  5. | |

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| **Reason for Referral** | |
| Newly Diagnosed Type 2 Education |  |
| Improve dietary education |  |
| Supporting a relative |  |

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| **Education Format** | | | |
| **How would you like to receive training and training materials?** | | | |
| MyDiabetes App |  | Structured Education Pack (hard copy) |  |
| **Would you like to attend group classes?** | | | |
| Yes - I would be happy to attend |  | No - I do not wish to attend a group |  |
| **Would you prefer to attend a morning or afternoon session?** | | | |
| Morning Session - Typically runs from 09:30 -12:30 | | |  |
| Afternoon Session - Typically runs from 13:30 -16:30 | | |  |
| Either, I have no preference | | |  |

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| **Patient Equality and Diversity Information**  Please complete to help us ensure that the services we provide are fair, equal and inclusive. | | | | | |
|  | British or Mixed British |  | Other White Background |  | Other Black Background |
|  | Irish |  | Other Mixed Background |  | Other Asian Background |
| Other Ethnic Category: | | | | | |

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| **Main spoken language:** |  |
| **Do you need an interpreter?** |  |

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| **Disabilities (please indicate relevance to this referral)** | | | | | |
|  | Learning disability |  | Physical impairment |  | Sensory impairment |
|  | Mental Health condition |  | Longstanding illness |  | Other |
| Additional Information: | | | | | |

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| --- | --- | --- | --- | --- |
| **I consent to receive confirmation of my referral via –** please check all below | | | | |
|  | Letter |  | Telephone call |
|  | Email |  | Text/Mobile |

**Authorization and Consent:**

By signing below, I authorize the release of my medical information to the STEP Diabetes Education Program for the purpose of receiving Diabetes Education.

Patient’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return completed forms to** [**epunft.diabetes.education@nhs.net**](mailto:epunft.diabetes.education@nhs.net) **or send by post to EPUT Adult Integrated Diabetes Service, Raphael House, Old Ship Lane, Rochford, SS4 1DD.**