

Referral to the Elsie Bertram Diabetes Centre

Norfolk diabetes management guidelines are available on NNUH's website:

<https://www.nnuh.nhs.uk/about-us/publications/>

For an **EMERGENCY** clinical referral (possible new Type 1 diabetes for instance), email to ebdcreferrals@nnuh.nhs.uk

For **URGENT / ROUTINE** clinical referral please send via e-RS.

Please use Diabetic Foot Clinic pro-forma for all diabetes-related foot referrals.

Please note this is **not** a referral form for [Diabetes nurse Facilitator](#) or [Dietetic services](#)

Patient Information	
Name:	Hospital No:
Address:	NHS No:
Tel / Mobile:	Date of Birth:
GP Name:	Gender <input type="checkbox"/> Male / Female <input type="checkbox"/>
GP Surgery:	Occupation
Does the patient need: <input type="checkbox"/> an Interpreter (list language); <input type="checkbox"/> Lip speaker, or <input type="checkbox"/> BSL Interpreter	
Referral Information	
Type of Diabetes: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2	Current BMI:
Year of diagnosis:	Urine ketones if new <input type="checkbox"/> Yes / No <input type="checkbox"/>
Year of insulin initiation:	diagnosis or acutely unwell?
Reasons for Referral:	
Relevant Medical History (or attach practice summary) AND current medication (or attach summary)	
Has the patient had a recent dietary review? <input type="checkbox"/> Yes / No <input type="checkbox"/>	If yes, when?
Your follow-up expectations:	
<input type="checkbox"/> Long term follow-up in Elsie Bertram Diabetes Centre or satellite clinics	
<input type="checkbox"/> One-off assessment and return to practice follow-up	
<input type="checkbox"/> Return to practice follow-up once agreed management plan and glycaemic and other targets are achieved	

Patient Name:	DoB:	NHS No:
---------------	------	---------

Referrer Information	
Name:	Date:
Signature:	Tel No: