



X-PERT PATIENT REFERRAL FORM

Refer to Community Diabetic Clinic. Telephone: 01254 282708, Fax 01254 617287

PATIENT NAME: Mr/Mrs

NHS NUMBER:

DOB:

ADDRESS:

.....

POST CODE:.....

TELEPHONE NUMBER:

GP:/who has referred patient?.....

VENUE PLEASE TICK

BLACKBURN

DARWEN

LANGUAGE: ENGLISH

URDU

TIME: MORNING AFTERNOON

EVENING

WILL YOU BE BRINGING A CARER/RELATIVE?

YES NO

YOU WILL BE CONTACTED BY THE COMMUNITY DIABETIC TEAM TO INVITE YOU ON THE NEXT AVAILABLE XPERT PATIENT PROGRAMME.