**Let’s Prevent Diabetes – Referral Form**



**Free LPD groups are provided by NHS Lothian for people at risk of type 2 diabetes.**

*Early self-management support and education for people at risk of type 2 diabetes. This is 6 hours of patient education, available as Face to Face (one day) or Virtual (3x 2-hour) group sessions. Alternatively, or additionally,* ***MyDESMOND LPD*** *is a**self-guided learning platform like an app. It’s accessible via a personal account set up by the service upon your referral, offering you swift access to the course content. For more details, please visit the NHS Let’s Prevent Diabetes website***:**  <https://services.nhslothian.scot/awmt2d/lets-prevent-diabetes/>

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| **Personal Details:** (Please tick or use the checkbox electronically)  Preferred prefix: **Mr**  **Mrs**  **Miss**  **Ms**  **Dr**  **Prof**  **Other**  \_\_\_\_\_\_\_\_\_\_\_\_  **Full name:** | | |
| **Date of birth:** **Click or tap to enter a date.** | | |
| Gender: Male  Female  Prefer not to say  Please indicate which pronouns you prefer:  **He/Him**   **She / Her**  **They / Them** | | |
| Address: | | |
| Contact telephone number: | | Can we leave a voicemail?  YES  / NO |
| Email address: | | |
| Weight: (Estimate  / Actual ) | Height: (Estimate  / Actual ) | |
| HbA1c (if known): **Choose an item.** |  | |

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| **In your own words please tell us why you would like support?** |
| Please tell us about any additional support you may require, to help you get the best care e.g. Do you have seating needs? Require wheelchair access, an Interpreter, or a carer to attend with you? |
| **Preferred Style of Education, (**please tick **or** use the checkbox electronically for all requested**):**  **Face to Face Group Virtual Group MyDESMOND L.P.D.**  at a site local to you using a free NHS free (self-led) interactive  with NHS educators. approved online DIGITAL service.  (Full day Sessions). Platform with NHS educators. (Swift access to Course Content) |

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| **Consent**  Do you consent to this referral to the NHS Lothian **‘Let’s Prevent Diabetes’** Service?  YES  / NO  We keep all patient data confidential. For data monitoring purposes we require to record data on this referral. Data will only be shared with relevant healthcare staff.  Please contact us if you do not agree to data sharing.  The NHS Lothian Data Privacy Policy can be found at: <https://policyonline.nhslothian.scot/Policies/ClinicalPolicy/Data%20Protection%20Policy.pdf> |

**If you are a health professional submitting this referral on a patient’s behalf:**

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| * Date of referral**: Click or tap to enter a date.** * Patient Chi Number: * Referrer’s Name: * Job title: * Contact Number: * Email: |

**Important**To provide tailored support, ‘Let’s Prevent Diabetes’ attendees must have the following test results recorded **prior** to attending the course:

1. **HbA1c** (a test that indicates average blood sugar levels, mmol/mol): **Choose an item.**
2. **Total Cholesterol levels**\_\_\_\_\_\_ **H.D.L.** \_\_\_\_\_\_and **L.D.L**.\_\_\_\_\_\_\_\_ (mmol/l)
3. **Blood Pressure, BP** \_\_\_\_\_\_\_\_\_\_(mmHg.) Date measured **Click or tap to enter a date.**

Let’s Prevent Diabetes attendees can get these results from their healthcare provider (normally GP surgery).  Let’s Prevent Diabetes educators will use these results to individually plan patients’ pre-diabetes self-management goals.

Please email the completed referral to [loth.lpd@nhslothian.scot.nhs.uk](mailto:loth.lpd@nhslothian.scot.nhs.uk)

OR Post to:

Weight Management Type 2 Diabetes Prevention Service, Ground Floor Woodlands House, Astley Ainslie Hospital, Canaan Lane, Edinburgh, EH9 2TB