King's College Hospital NHS
NHS Foundat on Trust
King's Diabetes Centre Fax 020 3299 1730

Guy's and St Thomas' NHS
NHS Foundation Trust
Diabetes & Endocrine Day Centre Fax: 020 7188 1991

GP referral form

Please complete each box and then send to the relevant Diabetes Centre

Name: Mr/Mrs/Miss/Ms/Other	
Date of Birth	
Address Phone no	
GP Phone no	
Blood glucose level	
Type of diabetes Date of diagnosis	
HbA1c	Result Date taken
Urine	Ketones
Medications* (Please include doses and frequency)	
Weight (kgs) Any recent weight loss (amount)	
Height and BMI	
Reason for referral*	Urgent/Routine Dietician/Education/insulin start/medical review/ Consultant opinion Suitable for shared care Yes/No
Suitable for group education	Yes/No
Translator required	No/Yes Language required:
Past Medical History* Relevant Social History (if necessary)	
Person completing referral	Name: Position:

* Continue overleaf as necessary