Diabetes Psychological Medicine Service

PATIENT DETAILS				REFERRER DETAILS	
Name				Date	
NHS Number				Name	
Patient's Address				Address	
Home number				Telephone	
Mobile number				Fax	
DOB				Practice Code	
Email					
Ethnicity		Gender	M F		
Physical/Communication difficulties (specify if any): If interpreter required, state language:				Are you the patient's GP: Yes ☐ No ☐ If no please provide details of patients GP practice below- _____ _____	
Is the patient aware of this referral: Yes ☐ No ☐					

Referral Details

Reason for referral:

List Current Medication:

Diabetes Information

Diabetes Type: Type 1 ☐ Type 2 ☐ Diabetic Control: Good ☐ Average ☐ Poor ☐

Diabetes Complaints

Eyes	Yes ☐	Brain	Yes ☐
Feet	Yes ☐	Heart	Yes ☐
Kidney	Yes ☐	Other	Yes ☐
If other please specify- _____			

Has patient previously been admitted to Hospital (acute health or mental health) in the last 6 months?

Acute ☐ Mental Health ☐

Name of Hospital:

Ward:

Reason for admission:

Previous Mental Health History

Self-harm	Yes ☐	Personality Disorder	Yes ☐
Harm to others	Yes ☐	Psychotic Disorder	Yes ☐
Threats to one's self	Yes ☐	Depression	Yes ☐
Threats to others	Yes ☐	Anxiety	Yes ☐
Previous Suicide Attempt	Yes ☐	Substance Misuse	Yes ☐ Current Yes ☐
If any other mental health concerns please specify-			

Employment status

Employed: ☐	Retired ☐
Unemployed ☐	Medically Retired ☐
Other including in education and training (please describe) ☐	
On DLA ☐ Care: High ☐ Medium ☐ Low ☐	On ESA ☐ Mobility: High ☐ Medium ☐ Low ☐

Social History

Lives alone YES ☐ NO ☐ Independent in daily activities YES ☐ NO ☐

Please specify:

Any other relevant medical/surgical history/substance use

Other Information

Date of last physical health check:	Known allergies and side effects:

Please provide details of other community services currently involved in this case:

Any other comments:

Baseline HbA1c blood tests in past 1 month- (Please enter results or attach results)

HbA1c Results: Date:

Referrers' Signature:	Date:

Diabetes Psychological Medicine Service part of Liaison Psychiatry
Room 24, 5 East Wing, Charing Cross Hospital
Fulham Palace Road
London, W6 8RF

Tel. No: 0203 311 0232
Fax: 0203 311 7234