



Blackrock Clinic

DIABETES
CENTRE

Tel : 01 2064652 Fax : 01 2064273

Email: diabetes@blackrock-clinic.com

PATIENT DETAILS				GP DETAILS			
Name				Name			
Address				Address			
DOB				Telephone			
Mobile				Fax			
Telephone							
DIABETES DETAILS		MEDICATIONS		CO-MORBIDITIES			
Type 1	<input type="checkbox"/>			Hypertension	<input type="checkbox"/>		
Type 2	<input type="checkbox"/>			Dyslipidaemia	<input type="checkbox"/>		
Impaired Glucose				Thyroid	<input type="checkbox"/>		
Tolerance	<input type="checkbox"/>			IHD	<input type="checkbox"/>		
Year of Diagnosis				PVD	<input type="checkbox"/>		
Weight		Blood Pressure		Other			
HBA1c		Fasting Glucose		OGTT (if available)			
REASON FOR THIS REFERRAL							
ADDITIONAL INFORMATION							
<p><i>(please note all referrals are prioritised, if you have specific concerns please write them here). Email or Fax referral and blood results to Diabetes Centre (details above). We will contact your patient directly for an appointment.</i></p>							

If you have an urgent query please ring the Diabetes Nurse Specialist on 087 9082374