

Diabetes Prevention Service

Brunelcare Head Office

Saffron Gardens

Prospect Place

Whitehall

Bristol

BS5 9FF

Registered Charity No 201555

Company No 601847

**Brunelcare - Diabetes Prevention Service - Referral Form**

**This form is to be used for all referrals to the Diabetes Prevention Service. Referrals will not be considered if they have not been made using this form.**

The Diabetes Prevention Service is provided by Brunelcare in partnership with BNSSG NHS and is available to adults aged over 55 living in Bristol.

If you have any questions or require assistance completing the referral please contact us via

**Email: hwyni.dis@brunelcare.org.uk**

**Phone: 07776 652 805**

Once completed please send the referral to email: **hwyni.dis@brunelcare.org.uk**

or post it to us using the address above.

| Are you completing this form for yourself, or somebody else? | **▢** I am completing this form for myself. |  | **▢** I am completing this form on behalf of somebody else. | | |
| --- | --- | --- | --- | --- | --- |
| Referred by |  | Date |  | | |
| Department |  |  |  | | |
| Relationship with the person being referred |  | | | | |
| Position |  | Organisation |  | | |
| Telephone/Mobile |  | Email |  | | |
| Please tick yes or no for the following | | | | **Yes** | **No** |
| Does the person named on the form know they are being referred? | | | |  |  |
| Do we have their permission to contact them directly? | | | |  |  |

| Name of person being referred. |  | D.O.B |  |
| --- | --- | --- | --- |
| Address  & Postcode  (please ensure postcode is captured) |  | | |
| Ethnicity |  | | |
| Age |  | | |
| Telephone/ Mobile |  | Email |  |

| Please tick all that apply:  **▢** This person has type 2 diabetes  **▢** This person has a pre-diabetes diagnosis  **▢** This person does not have a diabetes diagnosis  **▢** This person would benefit a referral to the Diabetes Prevention Service  Other reason ………………………………………………………………  ………………………………………………………………………………..  ………………………………………………………………………………..  ……………………………………………………………………………….. | |
| --- | --- |
| Does the person have any other long term conditions?; such as heart failure, COPD etc. (please provide further information) | |
| What is the reason for the referral? | |
|  | |
| Is there any relevant background history?: | |
|  | |
| Would this person benefit from being referred to the Brunelcare HWYNI Support service? | |
|  | |
| Are there any previous issues/ risk assessments for the client that we should be aware of? Please provide further details below and a copy of the risk assessment. | |
|  | |
| Are there any environmental risks or risks within the home that we should be aware of? (e.g. an aggressive dog / risk of falls due to clutter) (if Yes, please provide further details below)  No  Are there any pets in the property?  **Y N**  (if Yes, please provide further details below) | |
|  | |
| Does the tenant have any physical or mental health issues? Please provide further detailed information: |  |
| Does the tenant require support with  Mobilising,  Staying Safe,  Meal Prep,  Washing and Dressing and/or Keeping their Home Clean and Tidy? |  |
| Does the tenant require support to communicate? |  |
| Is the person currently receiving any other form of care or support? | |
|  | |
| Would this person benefit from being referred to the Brunelcare HWYNI Support service? | |
| **▢** Yes **▢** No | |
| What goals would you/the person like to support with ? | |
| ▢ Diet and lifestyle advice to support condition management  ▢ Engaging with specialists regarding their diabetes care  ▢ Being treated with dignity and respect  ▢ Engaging with appropriate voluntary or community services  ▢ Connecting with the local community and improving social life  ▢ Improving mental wellbeing  ▢ Managing money and financial affairs  ▢ Achieving other outcomes not listed above( please provide further details) | |
| How would you rate this referral? (please tick)  Red- The tenant is currently in crisis  Amber-The tenant is very close to being in crisis  Green-Low level support required and no current signs of client going into crisis | |

**Privacy notice**

Brunelcare aims to go above and beyond its responsibilities under data protection legislation. The information you provide through this form will only be processed to fulfil our contractual obligations with you, to take steps towards entering into a contract, for legal obligations and in order to evaluate our services. Our data protection and privacy policy explains how we care for your personal data and your rights under data protection legislation. Please ask to be contacted by the Brunelcare Data Protection Officer if you have any questions or concerns about how we process your personal data.