**The University Health Service of Edinburgh Diabetes Medical Questionnaire**

Please return the completed form to the practice by email to as soon as possible

Clinical.s70592@nhslothian.scot.nhs.uk

Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for taking the time to complete this form. By doing so, it allows our team to ensure an accurate record of your health and enables us to provide a higher quality of care while registered here with us. Please return this to the practice by email to as soon as possible, we will then contact you to arrange a consultation. If you have not heard from us by the end of the month, please call and ask for a new patient consultation for diabetes.

When were you diagnosed?­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type 1 (#C10E) Type 2 (#C10F)

Treatment: Diet Only Tablets Insulin Injection

What, and when was your last HbA1c? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If using a pump, which model is it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What Glucose meter are you using? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What Ketone meter are you using? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What needles (including size) are you using? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which lancets are you using? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What Long Acting insulin are you using & usual dose ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Are you using disposable **pens** or **vials** (please circle)

What Short Acting insulin are you using + dose (or ratio)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Are you using disposable **pens** or **vials** (please circle)

Are you on any other medications, name and dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have Glucagon here in Edinburgh? Yes/No

When was your last review with an endocrinologist? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you intend to keep seeing this team while a student in Edinburgh? Yes/No

Have you ever attended a DAFNE or formal carbohydrate counting course? Yes/No

Have you any problems or complications with your diabetes (please circle) Yes/No

* Please Detail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had any recent hypos? Yes/No

* If so, how frequent and how low? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Did you require assistance from another person, or use glucagon recently? Yes/No

Have you ever had an admission with diabetic ketoacidosis (DKA)? Yes/No

* If so when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you using any form of hormonal contraception? Yes/No

* If so which? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you interested in learning more about receiving the **Freestyle Libre** monitor? Yes/No

* If so, please book an appointment with Dr. Diamond to discuss further.

Please provide the contact details of your endocrinology consultant:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We actively encourage all patients to have their care overseen by the diabetes team while studying here in Edinburgh as there is an excellent and easily accessible service available**. If you are using a pump then the consumables (pump kits/lines etc) are only available through the hospital team.**

Would you like referral to the Edinburgh hospital team for review? Yes/No

Please confirm your email address (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number (UK): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number (Other): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If you do not want referral to the service, please sign the medical waiver from overleaf***

Completed by:……………………………………….. Designation………………………

Date:………………………………………………......

**DIABETES CARE IN EDINBURGH**

All patients with Diabetes require regular check ups. If you are from abroad and will be here for a short time only and do not wish any diabetic care or check ups in the United Kingdom please sign the declaration below.

If you wish to continue to receive diabetes care at a UK hospital outwith Edinburgh please sign the declaration below.

I confirm that I wish to continue with the diabetes care I received in my own country/ at a hospital outwith Edinburgh and do not wish to receive routine care for this condition during my stay in Edinburgh:

Name:…………………………………………………. Signature:…………………………................................

Date of Birth…………………. Date of signing:…………………………………………..

Please Note: This does not affect any other emergency care or other routine care you may require whilst you are in the UK. If you wish to change your mind and get referred for routine Diabetes care please see Dr Diamond to arrange this.

INFLUENZA VACCINATION

Flu vaccination is strongly recommended for patients with Diabetes. We offer this vaccination on an annual basis. The flu season starts around late September every year and you are invited to make an appointment with the nurse to be vaccinated.

Please sign below IF YOU DO NOT WISH TO HAVE INFLUENZA VACCINATION THIS YEAR:

Name:…………………………………………………. Signature:………………………… ………

Date of Birth…………………. Date of signing:……………………………

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PNEUMOCOCCAL VACCINATION

Pneumococcal vaccination is also strongly recommended for patients with Diabetes. This injection is only given once. Please make an appointment with the nurse if you have not been given this vaccination.

DIABETES INFORMATION LEAFLET

For Newly Registered Patients at University Health Service

THANK YOU FOR REGISTERING WITH THE UNIVERSITY HEALTH SERVICE

You have indicated that you have Diabetes Mellitus. I enclose a few suggestions and recommendations below which you may find helpful.

* Many patients, especially those who are on insulin injections, regularly attend a hospital specialist diabetes clinic. Most patients wish to transfer their car to Edinburgh once they move to live here.

IF YOU WISH TO TRANSFER YOUR HOSPITAL CARE TO EDINBURGH, PLEASE MAKE AN APPOINTMENT WITH Dr Michael Diamond TO ARRANGE A REFERRAL TO THE ROYAL INFIRMARY OF EDINBURGH DIABETIC CLINIC.

* Some patients prefer to continue under the care of their previous clinic.

IF YOU WISH TO DO THIS PLEASE SIGN THE ATTACHED DECLARATION.

Please make sure you notify your Diabetic Clinic outside Edinburgh that you have changed your registered GP. Please do this now rather than waiting for your next attendance. This is to make sure that the hospital Diabetes Clinic copy all correspondence to University Health Service as your registered practice so that all important information is available to the doctor in your medical notes.

* Some patients who are not on insulin injections see their GP regularly for their Diabetes check ups rather than attending hospital. Please make an appointment with Caroline Beck or Jan Miller (Practice Nurses) for your Diabetic Review and tests with a follow up appointment with Dr Michael Diamond a week later if applicable (the nurse will advise you regarding this).
* Please make an appointment for your seasonal influenza vaccination (from the end of September) and also for your pneumococcal vaccination if you have not previously had this. Nurse’s Appts: 0131 650 8241
* If you are having any problems with your Diabetes control please make and appointment with Dr Michael Diamond to discuss. Drs’ Appts: 0131 650 2777

SCI DIABETES ELECTRONIC INFORMATION

Edinburgh NHS Lothian uses a system called SCI DIABETES for the sharing of data relating to diabetes. Data for patients with diabetes is electronically extracted from Primary Care and sent to SCI-Diabetes; and also imported to Primary Care from SCI-Diabetes. This data is stored for access only by the health professionals that will be involved in your care. If you have concerns about this and wish to discuss it further please speak to either Dr Diamond, Jan Miller or Caroline Beck.

CHECKLIST FOR PATIENTS

* Make an appointment with Dr Michael Diamond at your earliest convenience to discuss medication and to set up repeat prescriptions you require.
* If you do not have Glucagon with you in Edinburgh please make an appointment with Dr Michael Diamond at your earliest convenience to get a prescription.
* If you do not have full details of your consultant and hospital where you have been receiving your Diabetes care, please make sure that you hand in this information in for the attention of either Jan Miller, Caroline Beck or Dr Michael Diamond as soon as possible.
* If you wish to transfer your hospital care to Edinburgh please make an appointment with Dr Michel Diamond so that he can arrange for a referral for you to the Royal Infirmary of Edinburgh.

Dr Michael Diamond

University Health Service

6 Bristo Square

Edinburgh

EH8 9AL

0131 650 2777

PLEASE KEEP THIS INFORMATION IN A SAFE PLACE

IMPORTANT SERVICES

In case of serious emergency for ambulance DIAL 999

Diabetes Nurse Specialist at Royal Infirmary of Edinburgh

For routine advice 0131 242 1470

(Nurse Specialist is available Monday to Friday during office hours)

Diabetes Doctor on call at Royal Infirmary of Edinburgh 0131 242 1000

For emergency advice

(Doctor on call is available between 09:00-17:00)

Royal Infirmary Diabetes Outpatients Department 0131 242 1453

OTHER USEFUL TELEPHONE NUMBERS

University Health Service Reception/ Appointments 0131 650 2777

University Health Service Nursing Appointments 0131 650 8241

NHS 24 (24 hour Medical Advice) 08454 24 24 24

Disability Office for Edinburgh University Students 0131 650 6828

http://[www.disability-office.ed.ac.uk](http://www.disability-office.ed.ac.uk)

Diabetes UK 0800 371 4555

http://[www.diabetes.org.uk](http://www.diabetes.org.uk)

Diabetes UK Careline 0845 120 2960 Monday-Friday, 9-5

Diabetes UK Careline: [careline@diabetes.org.uk](mailto:careline@diabetes.org.uk)

<http://www.diabetes.org.uk/How_we_help/Careline/>

Diabetes UK Insurance 0800 731 7431

<http://www.diabetes.org.uk/How_we_help/Financial_services/>

Diabetes UK in Scotland 0141 245 6380

[www.mydiabetesmyway.org.uk](http://www.mydiabetesmyway.org.uk) NHS Scotland Interactive website for people with diabetes

THINGS YOU SHOULD KNOW

There are specific rules relating to driving for people with Diabetes. If you have a driving licence you must inform the DLVA and your motor insurance company. This includes blood glucose testing (for insulin dependent diabetes) no more than 30 minutes before starting the first journey and every 2 hours while driving. If a driver has 2 severe hypos in 12 months they need to inform the DVLA as they will lose their licence for 12 months. *IF YOU DO NOT TEST DO NOT DRIVE*. The Freestyle Libre device is NOT suitable for checking blood glucose before driving and you are required by law to do a fingerprick test.

<http://www.diabetes.org.uk/driving>

<http://www.dvla.gov.uk/medical>

There are special considerations to be made for people with Diabetes who travel abroad. For further information please contact:

Diabetictravel.co.uk 0845 2303 528

http://www.diabetes.co.uk/travel.html

EYE SCREENING

As you know, all patients with diabetes should have an annual check for the back of the eye (retina). This annual screening programme is called diabetes retinopathy screening. A digital camera is used to take photographs of the back of the eye, and the images can then be viewed on a large computer screen. It is important that you have this check done every year, so if you have missed your appointment or not been sent an appointment please contact the screening office on tel: 0131 536 4145.

SCI DIABETES

NHS Lothian keeps a register to help ensure that patients with diabetes receive the best possible care. It allows clinical information to be shared by everyone involved in your care. This includes your GP and any relevant nurse, hospital doctor or other health professional. It is also made available to the eye screening service to ensure that you are invited for an annual eye screen.

We are required to send collected information every year for the Scottish Diabetes Survey to compare Lothian’s diabetes care with other health boards. This information is collected together in such a way that no individual patient can be identified. The information is also used locally for planning services and checking on quality of care. This is essential to help with our efforts to continually improve the diabetes care in Lothian.

Our Data and Confidentiality Group, which includes patients as members, exists to protect the data and ensure its correct and lawful use. Your records are kept in accordance with the Data Protection Act 1998. You can ask to see what details are held about you at any time. You can ask for your details to be removed from the register although this would make it very difficult to ensure you are getting all the care you need.

If you wish your details to be removed please contact:

Mary Scott

Lothian Diabetes MCN Manager

Metabolic Unit

Western General Hospital

Edinburgh

EH4 2ZU

Tel: 0131 537 3074

Email: [mary.m.scott@luht.scot.nhs.uk](mailto:mary.m.scott@luht.scot.nhs.uk)

If you want your details to remain on the register there is no need to take any further action

.

The Lothian Diabetes Representative Group, which is run by patients for patients, would like us to use the register to send you information about its annual diabetes conference and other similar events that might interest you. The group exists to identify the needs and issues of people affected by diabetes and influences policy decisions affecting their well being. Your details will not be passed on.

If you do not want your data used in this way please contact Mary Scott.

**My Diabetes**

NHS Scotland has an excellent free to access site where you can track your health progress and monitor your HbA1c values as well as other measurements and blood tests. You can also see your clinic letters and follow treatment plans there. We would recommend registering with the website if that interests you. Details can be found at:

**https://www.mydiabetesmyway.scot.nhs.uk/**