

Leeds Student Medical Practice Diabetes Care Form

Details of the hospital that provides your current diabetes care

Consultant's name:
Nurse's name:
Hospital name:
Hospital address:
Contact telephone:
Date of last check-up:

Details of the GP surgery that provides your current diabetes care

Doctor's name:
Nurse's name:
Surgery name:
Surgery address:
Surgery telephone:
Date of last check-up:

If you have had any of the following tests please provide details

Test	Date	Result	Comment
Blood pressure			
HbA1c (blood test)			
Creatinine (blood test)			
Cholesterol (blood test)			
Retinal screening (eye photo)			
Foot examination			
Urine microalbuminuria			
Flu vaccination			
Pneumococcal vaccination			
Others?			

REMEMBER: Our web site's Diabetes page contains lots of useful information to help you control your diabetes <http://www.leeds.ac.uk/lsmpr/healthadvice/diabetes/diabetes.htm>