Patient Self-Referral Form for   
Type 2 Diabetes Structured Education

You **must** have a diagnosis of **Type 2 Diabetes** AND you **must be registered** with a GP Practice in Bedfordshire. Please provide the following information:

## Full Name\*:

## Full Address\*:

## Date of Birth\*:

## Telephone Number\*:

## Email Address:

## Name and Address of GP Surgery\*:

## NHS Number (if known):

Date of Type 2 Diabetes Diagnosis\* (can be provided by your GP surgery):

**\*Required information**. If this information is missing, your referral form cannot be accepted and will be returned to you.

**Please send this form via email** to [bhn-tr.icdsstructurededucation@nhs.net](mailto:bhn-tr.icdsstructurededucation@nhs.net)

OR

## Post it to:

*Diabetes Education Team,*

*Bedfordshire Hospitals NHS Foundation Trust,*

*Bedford Hospital, Cauldwell Centre, 4th Floor,*

*Kempston Road,*

*Bedford, MK42 9DJ*

If you have any further questions, please call **01234 730428**