**Expert Patients Programme (EPP) &**

**Diabetes Type 2 Self-Management programme (DSMP)**

**REFERRAL Form**

**Please send completed referral forms to:**

**Email:** whh-tr.Self-Management@nhs.net

**Tel: 0207 527 1189/1707**

**Postal Address:**

**Partnership Primary Care Centre, 1st Floor, 331 Camden Road, London, N7 0SL**

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| **PATIENT/CLIENT DETAILS** | **TYPE OF COURSE** |
| **Name:****Tel No:****Address:****Postcode:****Email:** **Male/Female****D.O.B.:****Access Requirements (e.g. wheelchair access, sight impairment, hard of hearing):**  | **Please tick type of course:*** EPP Courses
* EPP for Turkish-speakers
* Diabetes Self- Management Programme (type 2)

**Islington only*** New Beginnings (mental health course)
* Carers Self-Management Programme

**Haringey only*** DSMP for Turkish- speakers
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\*\*\*The courses are for anyone who has had their condition for more than 3 months. \*\*\*

Main health condition:

Other health conditions:

|  |
| --- |
| **REFERRER DETAILS** |
| Referrer’s Name & Job Title:Date: Team/Practice/Service:Address:Tel:Email: |

Once we receive this form, your patient/client will be contacted with further information about the course within 3 working days.