**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](mailto: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 |

\*\*\*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.