



**Marlborough Primary Health  
Pre-diabetes Self-Management Education Referral form**

<b>Full name</b>		<b>NHI</b>		<b>DOB</b>	
<b>Address</b>					
<b>Phone</b>		<b>Mobile</b>			
<b>E mail</b>					
<b>Age</b>		Male <input type="checkbox"/>	Female <input type="checkbox"/>		
<b>Ethnicity – please tick</b>					
Maori		Pacific		NZE	
				Asian	
<b>Course time preferred</b>	Daytime <input type="checkbox"/>		Evening <input type="checkbox"/>		
<b>Referred by</b>	MPHO <input type="checkbox"/>	GP/PN <input type="checkbox"/>	MHP <input type="checkbox"/>	NMDHB <input type="checkbox"/>	Self <input type="checkbox"/>
<b>Name of Referrer</b>					
<b>Name of General Practice</b>					
<b>Name of GP</b>					
<p><b>Are there any issues or problems that need to be considered for this person?</b> (Please include language difficulties, health issues, mobility issues, transport issues)</p> <p><b>Will family members or whanau be attending the session with the patient?</b>      Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p><b>Any other comments?</b></p>					
<p><i>Please fax or send referral to:</i> Megan Sowman Marlborough Community Health Hub, 22 Queen Street, Blenheim Phone 520 6200      Fax 03 578 1198</p>					
<b>Invitation sent/date:</b> <input type="checkbox"/>	<b>Course:</b>	<b>Booking date:</b>	<b>Confirmation sent:</b> <input type="checkbox"/>		
<b>Reminder sent/date:</b> <input type="checkbox"/>	<b>DNA sent/date</b> <input type="checkbox"/>	<b>Course venue/date:</b>			
Follow-up: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>					
<b>Notes</b>					