**Gathering your information for a diabetic review**

Please complete this form and return it to the practice either by post, through our letter box or by taking a photo and sending it to our email address clinical.s70094@nhslothian.scot.nhs.uk

|  |  |
| --- | --- |
| **Name:** | **Date of birth:** |
|  |
| **Please tell us about how you’re managing with the following:** |
| Smoking  | Smoker / ex-smoker / vaping / never smoked (please circle)  |
| How many each day? |
| Alcohol  | Units of alcohol per week? | One unit is half a pint of regular strength lager or ale, a small glass of wine or a pub measure of spirits  |
| Exercise | Any physical activities you enjoy e.g. walking, gardening, sport: - |
|  |
| **Please make a note of any information you have collected at home (not all are relevant to you and only do these if you can)** |
| **Measurements** | **Home measurement or observations**  |
| Weight  | \_\_\_\_\_\_\_\_ (Kg or stone)Is your weight going up or down or staying steady? |
| Blood pressure readings  | Record the last 3 readings  |
| Blood glucose  | Please record the last 7 readings (and time and date they were taken) |
| Feet  | Please have a good check of your feet including the soles and between your toes and write down any concerns. If you have any new blisters or ulcers/ breaks in the skin, you should telephone the Practice Nurse. |

**Please add any notes overleaf :**