**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 :**