

Medical form

Ask your Diabetes Healthcare Professional to fill in the below. Please then return it to us with your completed application form.

Applicants details

Name: Date of birth:

Address:

.....

..... Postcode:

Please release the requested medical information regarding my condition to Medical Detection Dogs. The information will not be used for any purpose other than to evaluate my application for a Medical Alert Dog. Thank you.

Applicants signature Date:

To the Health Care Professional completing this report:

Medical Detection Dogs greatly appreciates your time and attention in completing this form. Recipients are given extensive training in handling and caring for an assistance dog. Your information is essential for an accurate evaluation of the applicant.

THIS FORM IS BEING COMPLETED BY:

GP/Diabetes Consultant/Diabetic Specialist's Nurse name:

Telephone e-mail:

Address:

When was this patient diagnosed with diabetes:

Type of diabetes: 1 or 2 diet controlled / tablet controlled / tablet and insulin controlled

Is this patient's diabetic care by GP only, by diabetes consultant only or by both? Yes No

When was this patient last seen for a diabetes review?

How often is this patient followed up regarding their diabetes 3 / 6 / 12 monthly?

What was last documented HbA1c Date

Are you aware of whether the patient has frequent hypoglycaemic episodes or are there any documented episodes of significant hypoglycaemia (or hyperglycaemia) in the last 12months Yes No

Are you aware of whether the patient has been hospitalised due to their diabetes in the last 12months? Yes No

Do you think this patient is compliant with the management of their diabetes Yes No

Significant medical history. Please give details:

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Any other comments?

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Signature Date



Telephone: 01296 655888

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