

Updated Patient Education Referral Form

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**Living with Long Term Health Conditions**

**Expert Patient Programme**

**Type 2 Diabetes**

**X-Pert Course**

To attend either education course, please complete the details below:

**Name:**

**Home Address:**

**Postcode:**

**Email Address:**

**Telephone Number:**

**Mobile Number:**

**Date of Birth:**

**GP Practice:**

**(Practice code………………)**

Please tick the appropriate box below

**Type 2 Diabetes X-Pert Course Expert Patient Programme (EPP)**

**Please return this completed form: Fax to 0161 835 6731**

or Post to Patient Education, 9th Floor, Regent House, Heaton Lane, Stockport SK4 1BS

You can also register directly by phone or email – or for any further information

**0161 835 6689** or [snt-tr.patienteducation@nhs.net](mailto:snt-tr.patienteducation@nhs.net)