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Dollar Health Centre, Park Place, Dollar, FK14 7AA

Telephone: 01259 742120

Email FV.DollarHC@nhs.scot

www.dollarhealthcentre.org.uk

Practice Code: V25210

System Date Long

Title Forenames Surname

Patient Address Stacked

 Dear Title Surname

**Diabetic Review**

It is now time for your review.

We are now calling most patients for their health checks annually in the month of their birthday as this has been shown to help people remember that their health check is due. This could mean you are a little earlier or later than normal.

During your annual check, we will review your health and make sure that your medication (should you be on a medication) is optimised and working.

**When contacting reception please ask for the following appointments:**

**Appointment 1** – A face to face appointment with our healthcare assistant for bloods, blood pressure, weight and foot check. (Please bring an early morning urine sample in a white top bottle).

**Your results will be posted to you prior to your next appointment to enable you to think ahead and plan what you would like to discuss at your appointment with the Practice Nurse.**

**Appointment 2** – A telephone appointment with a Practice Nurse where you will be able to discuss the results of your tests, your medication and any other health concerns. Please leave a minimum of two weeks between the appointments.

If you decide that you do not wish your review at this time, please complete the disclaimer form below and return it to the Health Centre either by email, post or handing it in, our email address is FV.DollarHC@nhs.scot. If we do not hear from you we may not send another invitation you until this time next year, however please feel free to make an appointment anytime if you change your mind.

We look forward to seeing you for you review.

Yours sincerely

**For and on behalf of Drs Baughan, Randfield, Meeten and Zacheshigriva.**

**Forenames** **Surname** **Patient Number**

**I do not wish to attend for my review at this time. I understand that I can make an appointment at any time for this review should I wish to do so. I also understand that I may not be sent another invitation for a review until around my birthday.**

**Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

