Telephone Review 1 - Service Use Receipt												
Interviewer instructions: Please complete all sections of the table to show the services that the participant has used since the screening appointment.												
Patient Identity Number:	0	0	0	0	0	0	0	0	0	1	l	
Date of Visit:											•	
											•	
1 <u>Community Based Service Use</u>												
Service	No. of home visits				No. of visits t		Pro	ovider agency (please cro			Average duration of	Cause/
[Used by participant]	Foot	Diabetes	Other	Foot	Diabetes Other		NHS	Local authority	Voluntary org	Private org	contact (minutes)	Reason for Visit
General practitioner (GP)												
Practice nurse (GP Clinic)												
District Nurse												
Diabetes Specialist Nurse (DSN)												
Chiropodist												
Dietician												
Health Visitor												
Other												
2 <u>Out-Patient Care Service Use</u>												
Service	No. of visits to hospital						Provider agency (please cross)				Average	Cause/
[Used by participant]							NHS	Local Voluntary	Deirecta ann	duration of contact	of Reason for	
	Fe	oot	Diab	Diabetes Other			NHS	authority	org	Private org	(minutes)	Visit
Orthotics Department												
Chiropodist												
Dietician												
Dietetics												
Consultant												
Other												
3 In <u>-Patient Care Service Use</u>												
Service Provider agency (please cross)												
[Used by participant]			No. of visits to hospital						<u> </u>	Average duration of	f Cause/ Reason for	
[occu by puricipant]	Foot Diabetes				Ot	Other		Local authority	Voluntary org	Private org	contact (minutes)	Visit
Chiropodist												
Dietician												
Dietetics												
Consultant												
Other												