

NRS Diabetes Register Withdrawal Form

To record verbal requests



SOP Reference: SOP 2 Capturing and Processing Withdrawal Requests from the NRS Diabetes Register

Purpose: To record a patient request to withdraw from the Diabetes Register following or during a verbal communication (telephone call or face-to-face contact).

Points to remember when communicating with the patient and completing this form:

- A patient can withdraw from the register at any time and for any reason.
- Withdrawal will not affect the patient’s medical care in any way.
- Patients are not obliged to provide a reason for withdrawing.
- If a withdrawal request is made on behalf of a patient, a reason should be provided.

Instructions: **Section 1:** Record the patient’s **name, postcode and date of birth**. Care should be taken if this information is transcribed from a separate note/record.
Section 2: Indicate whether the request was made by the patient or on behalf of the patient before adding your name and date you completed the form.

SECTION 1: Record the Patient Details

Name	
Postcode	
Date of Birth	
CHI (if known by recipient)	
Date of Request:	

SECTION 2: Requester Information

Did the patient ask to be withdrawn themselves? Yes No

State reason *if given*:

Did they ask for any of their information to be erased? Yes No

Was the withdrawal request was made by another person? Yes No

State reason (*required*):

Any Further Information:

Name of person completing this form:

Date:

Submit via NHSmail (as a scanned copy) to tay-uhb.sdrn@nhs.net or by post in a sealed envelope using NHS internal mail to NRS Diabetes, Diabetes Support Unit (Level 8), Ninewells Hospital & Medical School, Dundee, DD1 9SY

For completion by a delegated user following the withdrawal process:

Date received:

Date completed:

Initials: