



IRISH MEDICAL ORGANISATION  
Ceardchumann Dochtúirí na hÉireann

**Consent Form for Type II Diabetes Screening**



**Confidential**

Date: \_\_\_\_\_

Test Location (tick your nearest centre)

Blanchardstown Shopping Centre, Dublin \_\_\_\_\_

Dundrum Shopping Centre, Dublin \_\_\_\_\_

Quayside Shopping Centre, Sligo \_\_\_\_\_

Galway Shopping Centre, Galway \_\_\_\_\_

Mahon Point Shopping Centre, Cork \_\_\_\_\_

City Square Shopping Centre, Waterford \_\_\_\_\_

Long Walk Shopping Centre, Dundalk \_\_\_\_\_

Athlone Town Centre, Athlone \_\_\_\_\_

Crescent Shopping Centre, Limerick \_\_\_\_\_

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sex: Male ( ) Female ( )

Age:	Under 45	45-49	50-54
<b>Circle your age bracket</b>	55-59	60-65	Over 65

Score on Diabetes Risk assessment:

\_\_\_\_\_

**See Risk Assessment form. Bring your personal assessment to the test location**

**Declaration of Consent**

I hereby voluntarily give my consent to be screened for the early detection of diabetes by measurement of my blood sugar from a finger prick. I understand that I do not need to fast for this test.

Limitations: I understand that the finger prick test that will be performed is not a definitive test to diagnose diabetes, and that further evaluation by my own General Practitioner may be recommended.

I confirm that I am over 16 years of age.

Signature: \_\_\_\_\_

***Your personal information will be held in the strictest confidence.***

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*For GP use only*

Blood Glucose Level \_\_\_\_\_

Referred to own

GP Yes ( ) No ( )

Tested by Dr. \_\_\_\_\_

IMO

No.: \_\_\_\_\_

**\*\*You must bring this completed form to your Test Location\*\***