REFERRAL FORM

DIABETES EDUCATION

DIABETES360

Type 2 Diabetes Management & Education Services

Referral To: DIABETES360

Clinic Location:

Holland Park Pharmacy

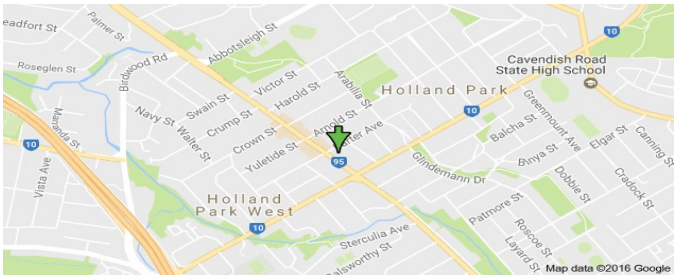
1000 Logan Rd,

Holland Park West, QLD, 4121

P: (07) 3397 7600

F: (07) 3397 6709

E: hollandpark.pharmacy@nunet.com.au



Referring Doctor Details (Stamp)

Name:_____

Address:_____

_____

_____

Phone No:_____

Fax No:_____

Email: _____

Provider No:_____

Preferred correspondence for letters:

- ○ Mail
- ○ Email
- ○ Fax
- ○ Other:_____

Patient Details

Name:_____

Address:_____

DOB:_____ Gender M / F Ph:_____ Mob:_____

Medicare #: _____ ( ) Exp:_____

Aboriginal or Torres Strait Islander: Y / N (circle)

Interpreter Required: Y / N (circle) If yes, which language:_____

Current Endocrinologist (if applicable): _____

Medical Conditions

☐ Type 2 Diabetes ☐ Impaired Glucose Tolerance (IGT) ☐ Impaired Fasting Glucose (IGF)

Other:_____

Date of Diagnosis (if known):_____

Reason for referral

☐ Newly Diagnosed ☐ Education Review

☐ Weight loss (Diet & Physical Activity review)

Other:_____

Referral for:

☐ Diabetes Educator (DE) ☐ Home Medicines Review (Accredited Pharmacist)

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Education Priority Areas (more than one area may be selected)

- ☐ NDSS registration
- ☐ Insulin therapy
- ☐ Injection technique
- ☐ Sick days
- ☐ Diet / Physical activity
- ☐ Weight management
- ☐ Travelling with insulin
- ☐ Identification
- ☐ Driving
- ☐ Alcohol
- ☐ Support organisations
- ☐ Other:_____
- ☐ Blood Glucose Monitoring (includes targets, hyperglycaemia / hypoglycaemia, self-management)

Please attach the following documents:

- Recent relevant pathology results
- Referral for Domiciliary Medication Management - Home Medicines Review (MBS Item 900)

GP & Patient Consent

My GP has explained the purpose of this referral and I give permission to provide and discuss my medical information with other service providers who are contributing to my care. I understand that my medical information will remain confidential. I am aware I will be required to attend the DIABETES360 clinic located at Holland Park Pharmacy, 1000 Logan Rd, Holland Park, 4121 for my appointment. I am aware that I may request a copy of the *Diabetes360* Privacy and Confidentiality statement at any time. I can withdraw at any time.
I am aware there may be some costs involved for these services.

Is it safe for your patient to exercise at a moderate intensity: Y / N (circle)

Referrers signature:_____ Patient Signature:_____

Date:_____