Health Professional Referral Form

diabetestelehealth for country wa

IMPORTANT NOTICE: The information contained in this document is confidential. If you receive this message in error, please notify us immediately and return the original message to Diabetes WA. Please note each referral should be faxed individually.

CLIENT DETAILS (please complete ALL sections)			
URN:	Registered with Health Navigator: ☐ YES ☐ NO		
UMRN:		Site:	
Title:	Surname:	Given names:	
Address:			Postcode:
DOB:	Gender:	Aboriginal/TSI: ☐ YES ☐ NO	
Telephone:	Mb:	Email:	
Medicare Number:		Reference No:	Expiry Date:
Interpreter Required: ☐ YES ☐ NO		Language:	
REFERRAL SOURCE		**Date Referral Sent:**	
Title:	Surname:	Given Names:	
Agency Name:	Address:		Postcode:
Telephone:	Email:		Facsimile:
GENERAL PRACTITIONER DETAILS		**GP Aware of Referral: ☐ YES ☐ NO**	
Title: Dr	Surname:	Given Names:	
Practice Name:	Address:		Postcode:
Telephone:	Email:		Facsimile:

DIABETES TYPE (please check)		
☐ Type 1 ☐ Type 2 ☐ Type 2 insulin	Other:	Date of Diagnosis:
NDSS Registration: ☐ YES ☐ NO	NDSS No:	URGENT REFERRAL: ☐ YES ☐ NO
REASON FOR REFERRAL:		
MEDICATIONS: ☐ YES ☐ NO (If yes, list with dosage, frequency & route)		

PATHOLOGY: Copies Attached ☐ YES ☐ NO (Please indicate results and date)		
Weight (kg):	HbA1c (mmol/mol or %):	LDL-C (mmol/L):
Height (cm):	Total Chol (mmol/L):	Micro albuminuria (mg/L):
BMI:	Triglycerides (mmol/L):	ACR (mg/mmol/L):
BP (mmHg):	HDL-C (mmol/L):	eGFR (ml/min/1.73m$_2$):

MEDICAL CONDITIONS: ☐ YES ☐ NO (Please check boxes below)

☐ MI	☐ CHF	☐ Angina	☐ Hypertension
☐ Hyperlipidaemia	☐ CVA	☐ PVD	☐ Nephropathy
☐ Dialysis	☐ Neuropathy	☐ Retinopathy	☐ Cataracts
☐ Glaucoma	☐ COPD	☐ Asthma	☐ Hypo/Hyperthyroidism
☐ Immune Condition	☐ Dementia	☐ Cancer	☐ Mental Health Condition
☐ Other (please list)			

SURGICAL HISTORY: ☐ YES ☐ NO	☐ CABG	☐ Stent (heart)	☐ Stent (leg)	☐ Other:
ALLERGIES/ALERTS: ☐ YES ☐ NO	Allergy details:			

FEEDBACK: (OFFICE ONLY)	DATE:	RECEIVED BY:	SIGN/DESIGNATION

For more information, please contact:

Telephone referrals: **1300 001 880** | Fax referrals: **(08) 9221 1183** | Email: **telehealth@diabeteswa.com.au**