Prince of Wales Hospital Diabetes Centre

Fax to: 9382 4612

Phone enquires: 9382 4600

Referral Date:

Referring Doctor:

|  |  |
| --- | --- |
| Name:  Address: | Provider:  Phone:  Fax:  Email: |

Clinic Relevant Medical History

|  |  |
| --- | --- |
|  | Diabetes Clinic |
|  | Type 1 Diabetes Clinic |
|  | Podiatry: High Level &Complex Diabetic Foot Care  (*Please also send referral Podiatry: High Level form)* |
|  | Dietician |
|  | Diabetes Education |

|  |  |
| --- | --- |
|  | Retinopathy |
|  | Foot Ulcer |
|  | Hyperlipidaemia |
|  | Obesity |
|  | Hypertension |
|  | Neuropathy |
|  | Renal Disease |
|  | Vascular Disease |
|  | Other: |

Reason for Referral (Mandatory for all referrals)

|  |  |
| --- | --- |
|  | Type of Diabetes |

Patient Information:

|  |  |
| --- | --- |
| Name: | Gender : |
| Country of Birth: | Date of Birth |
| Address: | |  | | --- | | Home Phone: | | Work Phone: | | Mobile: | | Email | |
| Medicare Number | Pension Number |
| DVA Number | Health Insurer |

|  |  |  |  |
| --- | --- | --- | --- |
| Interpreter Required | Yes / No | Language |  |
| Patient Consent |  | Aboriginal or TSI |  |

Clinical Information:

|  |  |  |  |
| --- | --- | --- | --- |
| Past Medical History: | | | |
|  | | | |
| Allergies: | | | |
| Current Medications: | | | |
| Investigations (HbA1C, Biochemistry & FBC) | | | |
| Social History: | | | |
| **GP Signature** |  | **Date** |  |