

Outpatient Referral Form

Date of referral:			
Patient Name:			
Patient Contact Number:			
Patient Address:			
Interpreter Needs/Primary Language:			
Service Requested (Please select option below):			
<i>Note: We are a Nurse Led Clinic. To refer to an Endocrinologist, please contact the Outpatients Department.</i>			
Diabetes Nurse Educator <input type="checkbox"/>			
Diabetes Dietitian <input type="checkbox"/>			
Dietitian will see Patients with Type 1 Diabetes, Patients on Insulin & Patients who have GDM			
Type of Diabetes (Please select option below):			
Type 1 Diabetes <input type="checkbox"/>	Type 2 Diabetes <input type="checkbox"/>	Gestational Diabetes <input type="checkbox"/>	Other (Please specify below) <input type="checkbox"/>
Reason for Referral (please select option below)			
Newly Diagnosed <input type="checkbox"/>	Oral Hypoglycaemic Agent <input type="checkbox"/>	Insulin Start <input type="checkbox"/>	Poor Control <input type="checkbox"/>
BGL Monitoring <input type="checkbox"/>	Other (Please specify below; note we do have a Referral criteria) <input type="checkbox"/>		
CLINICAL INFORMATION:			
CURRENT DIABETES MANAGEMENT:			
Name of Referring Doctor:		Provider Number:	
Address of Practice:			
Phone:		Fax:	
Signature:			
<p>Please fax this form to us as soon as possible. We will contact the patient to make an appointment. If we cannot accommodate the referral – we will contact you. Please call if you have any questions.</p> <p>St George Diabetes Education Centre Ph: (02) 9113 2774 (Between the hours of 8:30am and 3:00pm Monday to Friday) Fax: (02) 9113 2690 Email: SESLHD-StGeorge-DiabetesEdu@health.nsw.gov.au</p>			