Case conferencing wishes to assist primary care with the management of ***adult non-pregnant patients with diabetes****.*

Case Conferences can be scheduled by sending referrals toSWSLHD-CampbelltownIDC@health.nsw.gov.au

or **Fax: (02) 4634 3215** or by contacting DOMTRU administration on **(02) 4634 3192**.

|  |
| --- |
| **Referring Doctor** |
| Doctor's Name:  |       | Phone: |       |
| Address:  |       |
| Email: |       | Fax:  |       |
| **Patient Information** |
| Family name: |       | Given Names: |       |
| Sex: |       | Date of Birth: |       |
| Phone (H): |       | Phone (W): |       |
| Phone (M): |       | Aboriginal and Torres Strait Islander Status: |       |
| Medicare Number:  |       | Medicare Expiry date: |       |
| **PATIENT CONSENT** |  **Obtained** [ ]  **Verbal** [ ]  **Written** [ ]  |
| **Required Information** |
| Type of diabetes: |        | Height:  |       | Weight: |       |
| Most recent HbA1c result: |       |
| [Diabetes medication (please include doses):](#BPSFIELD|X|10|||) |       |
| Cardiovascular risk category: | Low [ ]  | Medium [ ]  |  High [ ]  |
| Lipid therapy: | Yes [ ] No [ ]   | If yes details:       |
| Blood pressure medication: | Yes [ ] No [ ]   | If yes details:       |
| Significant comorbidities: | Yes [ ] No [ ]   | If yes details:       |
| Episodes of hypoglycaemia: | Yes [ ] No [ ]   | If yes details:       |
| Self-monitored BSL: | Yes [ ] No [ ]   | If yes details:       |
| End organ damage: | Yes [ ] No [ ]   | If yes details:       |
| Individualised HbA1c target: |       |
| Carer assisting in management: |       |
| Agreed coordinating health practitioner: |       |
| **Please attached the following test results if available and patient summary:** |
|  [ ]  Fasting BSL  [ ]  T Chol | [ ]  Triglycerides [ ]  HDL-C |  [ ]  LDL-C [ ]  eGFR | [ ]  Albumin:Creatinine Ratio (ACR)[ ]  BP |
| **Additional information:** | **Other:** |
|       |       |
| Signature:       | Date:       |