# Integrated Diabetes Care Case Conference Referral Form

**MBS items Case Conferencing 735/739/743/747/750/758**

Case conferencing wishes to assist primary care with the management of ***adult non-pregnant patients with type 2 diabetes***.
Case Conferences can be scheduled by sending referrals to SWSLHD-CampbelltownIDC@health.nsw.gov.au or **Fax: (02) 4634 3215** or by **Telephone: (02) 4634 3192**.

| **Referring Doctor** | |
|---|---|
| Doctor's Name: | Phone: |
| Address: | |
| Email: | Fax: |

| **Patient Information** | |
|---|---|
| Family name: | Given Names: |
| Sex: | Date of Birth |
| Address: | Aboriginal and Torres Strait Islander Status: |
| Language spoken at home: | Ethnicity: |
| 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): | | |
| 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: |

**Please attach the most recent pathology results and patient summary:**

| | | | |
|---|---|---|---|
| ☐ Fasting BSL | ☐ Triglycerides | ☐ LDL-C | ☐ Albumin:Creatinine Ratio (ACR) |
| ☐ T Chol | ☐ HDL-C | ☐ eGFR | ☐ BP |

| **Additional information:** |
|---|
| |

**Signature:** **Date:**