



## **Macarthur Diabetes Services Referral Form**

Dr Krupali Bulsari Dr Shan Jiang

Dr Nic Kormas

Dr Channa Perera Dr Ivan Kuo

Dr Milan Piya

Dr Praseetha Shanmugalingam

Dr Rohit Rajagopal

Dr David Simmons

Dr Chau Tran

## Please consider nominating a diabetes specialist

REFERRALS ACCEPTED VIA email <a href="mailto:swslhd-mdems@health.nsw.gov.au">swslhd-mdems@health.nsw.gov.au</a> or fax on 46344045

Patients living outside of the catchment area of Campbelltown/Camden Hospitals/Wollondilly community diabetes clinic are NOT eligible for review.

Dear	
Patient Information	
Family name:	Given Names:
Sex:	Date of Birth:
Address:	Aboriginal and Torres Strait Islander Status:
Phone number:	Family/carer phone number:
Interpreter Required: Yes / No (Please Circle) Language:	
Medicare Number:	Medicare Expiry date:
SERVICE REQUIRED:  Medical review  Group education  Any patient with Type 2 diabetes or their carer can be referred for Group ducation	
<b>REFERRAL CRITERIA</b> The GP can refer a patient to a Diabetes Specialist Service if the patient meets at least one of the following criteria:	
<ul> <li>Anyone with Type 1 diabetes</li> <li>Poorly controlled Type 2 diabetes (HbA1c &gt;10%)</li> <li>Significant and frequent hypoglycaemia, or hypo unawareness</li> <li>Diabetes and pregnancy or planning pregnancy</li> <li>Young adult with Type 2 diabetes (age &lt;30 years)</li> <li>Diabetic foot ulcer requiring High Risk Foot Clinic</li> <li>Patients with diabetes commencing glucocorticoid therapy</li> <li>Pre-surgical stabilisation if HbA1c &gt; 9 %</li> </ul>	
<ul> <li>□ Gestational diabetes mellitus</li> <li>□ Advanced complications eg eGFR &lt;45 ml/min, retinopathy/maculopathy undergoing treatment</li> </ul>	
Possible rare forms (eg MODY, Type 3c) and/or diagnosis uncertain (eg possible T1DM, LADA, MODY),	
☐ Type 2 with learning difficulties or significant cognitive impairment	
☐ Type 2 diabetes with major mental illness and HbA1c > 9%	
Please attach all relevant pathology including HbA1c and eGFR as well as most recent medication list	
Referring Doctor	
Doctor's Name:	Phone:
Address:	Provider Number:
Email:	Fax:
Signature: Date:	