



Wollondilly Diabetes Programme

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Referral Form



Health
South Western Sydney
Local Health District

Wollondilly Diabetes Program is for people living with Type 2 Diabetes residing in the Wollondilly LGA

Date: _____

Specialist or Clinic: Dr Chau Tran _____

I would like to refer the patient with Type 2 Diabetes:

- Endocrinologist Consultation
- Diabetes Educator Individual Education
- Diabetes Educator Group Education

Patient Name _____

Address: _____

DOB: _____ Medicare: _____

Mobile: _____ Landline: _____

Age: _____ years Duration of Type 2 Diabetes: _____ year/s

The most recent **HbA1c** was _____ % (on / /

REASON FOR REFERRAL:

PLEASE ATTACH

- **RELEVANT HEALTH HISTORY and CURRENT MEDICATIONS**
- **RECENT PATHOLOGY:** (HbA1c, Biochemistry, Lipid Profile, Urine Micoralbumin Creatinine Ratio)

To make an appointment and send referrals to:

Fax: (02) 4634 4045
Phone: (02) 4634 4028
Email: Renuka.Singh3@health.nsw.gov.au

Thank you for your advice and help in the continuing management of this patient.

Yours sincerely

Dr _____ Practice name, address, phone: _____

Provider Number: _____

July 2023