Health
South Western Sydney
Local Health District

FAIRFIELD HOSPITAL DIABETES & ENDOCRINOLOGY SERVICE
REFERRAL FORM

REFERRALS ACCEPTED VIA FAX ONLY 02 96168026

Patients living outside the catchment area of Fairfield Hospital are to be referred to their local hospital diabetes service.

Please consider nominating a diabetes specialist

Endocrinologists
Dr Vincent Wong
Dr Manimegalai Manoharan

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** □ **Individual Allied Health/ Nursing review** □

Any patient with Type 2 diabetes or their carer can be referred for Group education

REFERRAL CRITERIA

The GP can refer a patient to a Diabetes Specialist Service if the patient meets at least one of the following criteria:

- □ Anyone with Type 1 diabetes
- □ Poorly controlled Type 2 diabetes (HbA1c >10%)
- □ Significant and frequent hypoglycaemia, or hypo unawareness
- □ Diabetes and pre-pregnancy/pregnancy
- □ Young adult with Type 2 diabetes (age <30 years)
- □ Diabetic foot ulcer requiring High Risk Foot Clinic (Liverpool Hospital accepts referrals for Fairfield patient)
- □ Patients with diabetes commencing glucocorticoid therapy
- □ Pre-surgical stabilisation if HbA1c > 9 %
- □ Gestational diabetes mellitus
- □ Advanced complications eg eGFR <45 ml/min, retinopathy/maculopathy undergoing treatment
- □ 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 additional information and pathology including HbA1c, eGFR and most recent medication list

Referring Doctor

Doctor's Name:	Phone:
Practice address:	Provider Number:
Email:	Fax:

Signature: **Date:**