



Please consider nominating a diabetes specialist

REFERRALS ACCEPTED VIA FAX ONLY 9722 8366

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

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:
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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
- 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 including pathology including HbA1c, and most recent medication list

Referring Doctor

Doctor's Name:	Phone:
Address:	Provider Number:
Email:	Fax:

Signature: _____ **Date:** _____