



Please consider nominating a specialist

MEDICAL REFERRALS ACCEPTED VIA email SWSLHD-Bowral-OC@health.nsw.gov.au or fax on 48610172

Referrals for GDM should be emailed to swslhd-bowralmaternity@health.nsw.gov.au

For patients living outside the catchment area of Bowral Hospital please refer to the local diabetes service.

For Group education, please fax to 46343215

Dear _____

Patient Information

Family name:	Given Names:
Sex:	Date of Birth:
Address:	Aboriginal and Torres Strait Islander Status:
Phone number:	Alternative 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 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 information including pathology including HbA1c and eGFR, most recent medication list

Referring Doctor

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

Signature: _____ **Date:** _____