



*Dr Vincent Wong    Dr Hamish Russell    Dr Namson Lau    Dr Carmen Wong    Dr Mani Manoharan*

**Please consider nominating a diabetes specialist**

REFERRALS ACCEPTED VIA FAX 02 8738 4539

OR EMAIL [SWSLHD-Liverpool-DiabetesandEndocrine-Referrals@health.nsw.gov.au](mailto:SWSLHD-Liverpool-DiabetesandEndocrine-Referrals@health.nsw.gov.au)

**For patients living outside of the catchment area of Liverpool Hospital please refer to the local hospital diabetes service**

Dear \_\_\_\_\_ (Name)

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:

**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 >

**Please attach all relevant additional information and pathology including HbA1c, eGFR and most recent medication list**

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

**Signature:**

**Date:**