



DIABETES & ENDOCRINOLOGY SERVICE REFERRAL FORM

Patients living outside the catchment area of Bankstown-Lidcombe Hospital are NOT eligible for review

PATIENT DETAILS

DATE OF REFERRAL: _____

NAME: _____

ADDRESS: _____

DOB: _____ PHONE: _____

MEDICARE NUMBER: _____ MEDICARE Expiry: _____

Interpreter Required: Yes / No (Please Circle) Language: _____

Current HbA1c: _____ Date: _____

Current diabetes medications: _____

Any patient with Type 2 Diabetes or their carer can book in for Group Education.

SERVICE REQUIRED:

Group education Individual Allied Health/ Nursing review Medical review

If you are requesting medical review or individual allied health review, your patient must satisfy at least 1 of the following criteria:

- Any patient with Type 1 diabetes
- Young adult with Type 2 Diabetes (age < 30 yrs)
- Poorly controlled Type 2 diabetes (HbA1c > 10% or frequent hypoglycaemia with reduced awareness)
- Gestational diabetes
- Glucocorticoid induced hyperglycaemia
- Diabetes with advanced complications*
- Diabetic foot ulcers
- Preconception planning for Type 1 and Type 2 diabetes

*Advanced complications defined as:

- eGFR < 45 ml/min
- Retinopathy/maculopathy undergoing treatment
- Cardiac or cerebrovascular event within last 6 months

For medical review only please nominate:

- Dr Tang Wong
- Dr Marwan Obaid
- Dr Ash Gargya
- Dr Sarah Abdo
- Nurse Practitioner Clinic

PLEASE NOTE: Your patient may be seen by the Endocrine Registrar, Nurse Practitioner or any endocrinologist within the department depending on availability.

REFERRING DOCTOR

NAME: _____ PROVIDER No.: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

REFERRALS ACCEPTED VIA FAX ONLY

PLEASE FAX REFERRAL TO - 9722-8366

Please attach all relevant pathology including HbA1c and eGFR as well as most recent medication list.