Diabetes Clinic Referral

Referral Date: / /

GP Review Date: / /

Feedback Requested: ☐ Yes ☐ No

Referral to:

Diabetes Outpatients, The Alfred Hospital

PO Box 315, Prahran 3181

Phone: 9076 2025

Fax: 9076 6938

Email: outpatient@alfred.org.au

Referring General Practitioner (stamp):

Patient details

Name:

Date of Birth: / /

Preferred name/s:

Sex: ☐ Male ☐ Female

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss

Address:

Phone: Work:

Mobile:

Email:

Alternative Contact:

Indigenous Status:

Period of referral: ☐ 3 months ☐ 12 months ☐ Indefinite

Reason for patient referral:

☐ Unstable diabetes	☐ Diabetic nephropathy
☐ Severe/recurrent hypoglycaemia	☐ Worsening renal function
☐ Foot ulceration	☐ Peripheral neuropathy
☐ Peripheral vascular disease	☐ Retinopathy
Last Podiatry review date:	Last diabetes educator review date:
Last Ophthalmology/optometry review date:	Last dietitian review date:

GP Referral

Clinical notes

Interpreter required:

Preferred language is:

Pension Card Number:

DVA Number:

Insurance:

Medicare Number:

Consent to referral and sharing of relevant information: ☐ Yes ☐ No

Attach 'Patient Consent Form' if restrictions apply.

Clinical information

Warnings:

Allergies:

Current Medication:

Drug name	Ltd. elapse	Strength	Dose / frequency / special

Social History:

Past Medical History:

GP Referral

Investigation / test results: Please ensure the asterisked tests have been performed by ticking the boxes below and attaching **all relevant investigation results. Appointments cannot be made without this information**:

☐ HbA1c*	☐ U&Es, Creatinine*
☐ Liver function tests*	☐ Thyroid function tests
☐ Urine Albumin: Creatinine ratio*	☐ Lipids*
☐ FBE*	☐ Other

Does the patient test their own BGLs? ☐ Yes ☐ No

Please ask the patient to bring their blood glucose record book to the clinic appointment.

Please Fax this referral to The Alfred Outpatient Department: 9076 6938

Please note that the absence of required information may lead to delays in processing the referral and subsequent appointment allocation.