



# Diabetes Tasmania Statewide Clinical Services Referral Form

Phone: 6215 9000 | Fax: 6215 9099 | HealthLink EDI: diabetes

Referral date: \_\_\_\_\_

## Referrer details

Doctor name: \_\_\_\_\_ Provider number: \_\_\_\_\_

Practice name: \_\_\_\_\_ Phone: \_\_\_\_\_

Practice address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_

## Patient details Consent for contact

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Gender: \_\_\_\_\_ ATSI: \_\_\_\_\_

Address: \_\_\_\_\_ Language spoken: \_\_\_\_\_

\_\_\_\_\_ Medicare number: \_\_\_\_\_

Home phone: \_\_\_\_\_ DVA number: \_\_\_\_\_

Mobile: \_\_\_\_\_

Referral discussed with patient: Yes No Interpreter required: \_\_\_\_\_

Preferred contact (circle one): Mobile Home Diabetes Diagnosis: \_\_\_\_\_

Ok to leave message (circle one): Yes No Years diagnosed: \_\_\_\_\_

## How we manage appointments:

A Diabetes Tasmania health professional will discuss this referral with the patient prior to booking an appointment. To manage our services effectively appointments are triaged based on pathology, treatment and other information provided in this referral. Referral cannot be progressed without this information.

### About our services:

Type 2: We encourage newly diagnosed to attend group programs as first intervention.

Individual appointments are available with a diabetes nurse educator and/or dietitian depending on need.

The COACH Program: Six month telephone based program focused on achieving risk factor targets.

DESMOND group education: A one day self-management group program covering the basics of diabetes, monitoring, complications and goal setting.

SMART programs: A series of 3 hour topic specific diabetes group programs – ShopSmart, CarbSmart, MonitorSmart, MedSmart and FootSmart.

Type 1: Individual appointments with a diabetes nurse educator and/or dietitian as required.

Hobart and Launceston services - All referrals require Allied Health Referral, GPMP and TCA.

Launceston - 1:1 diabetes educator and/or dietitian education

Hobart - 1:1 dietitian education ONLY

**Describe current needs or goals of care:**

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**Injectable medication commencement:**

GLP1 type: \_\_\_\_\_

Insulin Type: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

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**Allergies and intolerances:** \_\_\_\_\_

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**Current and past medical history:** \_\_\_\_\_

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**Current medications:** \_\_\_\_\_

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**Smoking status:** \_\_\_\_\_

**Please attach relevant pathology: *Eg. OGTT HbA1c Total Chol HDL LDL Triglycerides Vitamin D TFT FBC Micro alb.***