

# REFERRAL FORM

DIABETES EDUCATION SERVICES



**Diabetes360**  
PREVENT \* IDENTIFY \* OPTIMISE

Referral To:  **Diabetes360**  
PREVENT \* IDENTIFY \* OPTIMISE

**Mobile Service Required**

**Clinic Location:**

Holland Park Pharmacy

1000 Logan Rd,

Holland Park West, QLD, 4121

P: (07) 3154 2874

F: (07) 3041 5051

E: admin@diabetes360.com.au

## Referring Doctor Details (Stamp)

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

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone No: \_\_\_\_\_

Fax No: \_\_\_\_\_

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

Provider No: \_\_\_\_\_

Preferred correspondence for letters:

- Mail
- Email
- Fax
- Other: \_\_\_\_\_

## Patient Details

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

Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender M / F Ph: \_\_\_\_\_ Mob: \_\_\_\_\_

Medicare #: \_\_\_\_\_ ( ) Exp: \_\_\_\_\_

Aboriginal or Torres Strait Islander: Y / N (circle)

Interpreter Required: Y / N (circle) If yes, which language: \_\_\_\_\_

Current Endocrinologist (if applicable): \_\_\_\_\_

## Medical Conditions

Type 2 Diabetes

Other: \_\_\_\_\_

Date of Diagnosis (if known): \_\_\_\_\_

## Reason for referral

Newly Diagnosed  Education Review  Group Diabetes Education

New to Insulin (insulin titration order required)  Insulin Titration (insulin titration order required)

Weight loss / Diet Review

Other: \_\_\_\_\_

## Referral for:

Credentialed Diabetes Educator (CDE)

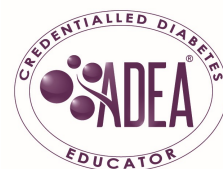
Home Medicines Review (Accredited Pharmacist)

**Viba Heyn – Pharmacist & Credentialed Diabetes Educator**

m) 0490 846 188 e) viba@diabetes360.com.au

**Chris Messina – Accredited Pharmacist & Credentialed Diabetes Educator**

m) 0490 836 380 e) chris@diabetes360.com.au



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## Education Priority Areas (more than one area may be selected)

- |   |  |
|---|--|
| <input type="checkbox"/> NDSS registration  | <input type="checkbox"/> Travelling with insulin |
| <input type="checkbox"/> Insulin therapy  | <input type="checkbox"/> Identification          |
| <input type="checkbox"/> Injection technique  | <input type="checkbox"/> Driving                 |
| <input type="checkbox"/> Sick days  | <input type="checkbox"/> Alcohol                 |
| <input type="checkbox"/> Diet / Physical activity   | <input type="checkbox"/> Support organisations   |
| <input type="checkbox"/> Weight management  | <input type="checkbox"/> Other: _____            |
| <input type="checkbox"/> Blood Glucose Monitoring (includes targets, hyperglycaemia / hypoglycaemia, self-management) |  |

## Please attach the following documents:

- Recent relevant pathology results
- GP Management Plan (MBS Item 721)
- Team Care Arrangement (MBS Item 723)
- Medicare Referral Form for Individual Allied Health Services (MBS Item 10951 – Diabetes Educator)
- Referral for Domiciliary Medication Management - Home Medicines Review (MBS Item 900)
- Completed Insulin Stabilisation Order form if CDE is to be involved in insulin dose adjustment

## GP & Patient Consent

My GP has explained the purpose of this referral and I give permission to provide and discuss my medical information with other service providers who are contributing to my care. I understand that my medical information will remain confidential. I am aware I will be required to attend the Diabetes360 clinic located at Holland Park Pharmacy, 1000 Logan Rd, Holland Park, 4121 or the designated location for my appointment. I am aware that I may request a copy of the Diabetes360 Privacy and Confidentiality statement at any time. I can withdraw at any time.

I am aware there may be some costs involved for these services.

Is it safe for your patient to exercise at a moderate intensity?: Y / N (circle)

Referrers signature: \_\_\_\_\_ Patient Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Fax or email the completed request form to:**

**FAX: (07) 3041 5051**

**EMAIL: admin@diabetes360.com.au**

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