

Brisbane South Diabetes Service

REFERRAL FORM

Dear Doctor

The Brisbane South Diabetes Service aims to provide efficient service delivery and care for people with diabetes. Our aim is to support General Practitioners by enhancing access to Diabetes Nurse Educators and Allied Health Providers (in both the public and private system), and providing regular feedback to the GP.

To access the service please complete the referral details below and forward by fax or mail. An alternative form, which includes the same information e.g. RACGP form, may be used if preferred. Phone referrals are also welcome. If you have any questions, you can contact us on:

Ph. (07) 3275 5411 OR Fax. (07) 3278 7086

Yours sincerely

Brisbane South Diabetes Service

Please Complete and forward to the Brisbane South Diabetes Service at Central Intake Unit

Referral Date: _____

Name of Client: _____ D.O.B. _____

Address _____

Phone number _____ **Mobile number** _____

INDIGENOUS STATUS Aboriginal Torres Strait Island Both
 Neither Not stated

Name of Doctor: _____

Phone Number: _____ Fax Number: _____

Date Diagnosed: _____ **Type of Diabetes:** IFG/ IGT GDM Type 1 Type 2

Relevant Medical History (including complications) _____

Medications _____

FBG _____ **Date:** _____ **OGTT** _____ **Date:** _____

HbA1c _____ **Date:** _____

Total Cholesterol _____ **Date:** _____ **T.G.** _____ **Date:** _____

HDL _____ **Date:** _____ **LDL** _____ **Date:** _____