diabetes tasmania

Referral

Referral Date:		**Region:**	☐ **North** Fax 6215 9099 ☐ **North West** Fax 6215 9099

Diabetes Tasmania Clinical Services
64 Cameron St Launceston, Tasmania 7250
88 Bathurst St Hobart, Tasmania 7000
Phone: 03 6215 9000 / 1300 136 588
Fax: 03 6215 9099
Email: mail@diabetestas.org.au

Referring General Practitioner:		
Name		Provider No.
Practice Address		
Ph	Fax	Email

Patient Details:		
Name		
Date of Birth	Gender	Marital Status
Address		
Phone	Mobile	Work
Ethnicity	Nationality	
Interpreter Required	Medicare No. _____/____	
DVA No.	Pension No.	
Has the patient provided consent for this referral?		

Patient Assessment

Reason/s for referral:

Launceston only - for Type 2 complex conditions requiring one-on-one appointments please attach the following:

- **General Practitioner Management Plan (GPMP)**
- **Team Care Arrangements (TCA)**
- **Allied Health Professional Individual referral form**

Diabetes:	
☐ Type 2 new diagnosis suitable for DESMOND	☐ Newly diagnosed IGT
☐ Type 2 new diagnosis unsuitable for DESMOND	☐ Type 1 requiring further education
☐ Coach Program	☐ Type 2 requiring further education
☐ Shop Well Eat Well	☐ Injectable medication commencement

Dietetics: ***Exclusions*** *- paediatric referrals, allergy and eating disorders*	
☐ Type 1 diabetes	☐ PCOS
☐ Type 2 diabetes	☐ Coeliac disease
☐ Overweight and obesity including Lapband and other weight reduction surgery	☐ General healthy eating including bone health and vegan healthy eating
☐ Cardiovascular disease	☐ IBS/FODMAP
☐ Pre diabetes	☐ Malnutrition
☐ Renal disease stage 1 and 2	☐ Shop Well Eat Well

Additional information/comments:

Allergies and Intolerances:

Current and Past Medical History:

Current Medications:

Please attach relevant pathology: *such as OGTT, HbA1c, Total Chol, HDL, LDL, Triglycerides, Vitamin D,TFT, FBC, Micro ALB. etc.*

Signature & date