

REFERRAL FORM

Referral date:

Referred through: Life! Provider GP HP

The patient must fit one of the following criteria to be eligible for the program

- a. 45 years or more, or ≥ 18 years and of Aboriginal and/or Torres Strait Islander descent, and have scored 12 or higher on the AUSDRISK tool

Diabetes Risk Score

- b. 45 years or more, or ≥ 35 years and of Aboriginal and/or Torres Strait Islander descent, and have an Absolute Risk score of $\geq 10\%$ when referred by a GP clinic

CVD Risk Score* %

- c. 18 years or more and have previously been diagnosed with one or more of the following:

- pre-existing cardiovascular disease**
 gestational diabetes
 moderate or severe Chronic Kidney Disease (CKD)
 familial hypercholesterolemia
 serum total cholesterol $> 7.5\text{mmol/L}$
 systolic BP of $\geq 180\text{mmHg}$ or diastolic BP of $\geq 110\text{mmHg}$.

To be eligible for the program the patient must not have diabetes, clinically active cancer and must not be pregnant. It is important to consider the suitability of the Life! program for each individual.

Refer patient to the Life! program

Please consider whether the group course or Telephone Health Coaching service would be more appropriate.

Select: Telephone Health Coaching Group Course

Patient/client details

Title

Name

Date of birth Gender M F X

Address

Contact no

Mobile no

Email

Country of birth

Main language spoken at home

Patient/client of Aboriginal or Torres Strait Islander origin?

Aboriginal Yes No Torres Strait Islander Yes No

Referrer contact info

By signing this form you agree that you have provided an explanation to your patient regarding the collection and use of their personal information for Life! program participation and that in your opinion they have understood the information provided. Your signature also signifies that the patient understands that they may opt out to being contacted by DA-Vic for research, direct marketing or information purposes. Please tick the box in the event your patient **DOES NOT** consent.

Patient's personal information being used for registration, administration and monitoring of participation in the Life! program

Patient's health professional to release health information to Diabetes Australia-Vic to complete Life! program referral

Patient to be contacted by Diabetes Australia-Vic regarding research, direct marketing and information

Signature

Phone

Weight kg Waist circumference cm

Height cm Blood Pressure sys / dia

Current medication (if known)

Past medical history

Current Smoker Daily Occasionally Not at all

Other

Has diabetes been excluded: (in last 12 months) Yes No

Investigation/test results

(within last 12 months)

If possible, please attach the following results taken within the last 12 months

FBG (attach OGTT result if FBG > 5.5)

LIPIDS: TC, HDL, LDL, TRIGs

Patient/Client's GP Information

GP Name

Clinic Name

Address

Contact no

Fax

If you have any questions regarding this form call 03 8648 1880.

Return completed form to

Fax: 9667 1757 or your local provider **Email:** life@diabetesvic.org.au

Send: Diabetes Australia-Vic, 206 Queensberry St, Carlton VIC 3053

Diabetes Australia ABN 47 008 529 461

*See www.cvdcheck.org.au/

**Includes myocardial infarction, angina and angioplasty. Must not have been diagnosed within 3 months of program commencement.

Data collection at Diabetes Australia-Vic

Diabetes Australia-Vic is the leading charity and peak consumer body working to reduce the impact of diabetes.

Data will be collected by Diabetes Australia-Vic on all individuals referred to the Life! program.

To maintain the confidentiality of your personal information, we comply with all Commonwealth and State privacy legislation. A copy of our Privacy Policy is available upon request. Your information will be used to assess the effectiveness of the Life! program. It will be stored in a secure database and only accessible by the organisation providing the Life! course and management of the Life! program.