

REFERRAL FORM

Electronic referral forms are available for *Life!* from www.lifeprogram.org.au under Media and Resources>Publication Order Form.

<p>Referral date <input type="text"/></p> <p>Referred through: <input type="checkbox"/> WorkHealth <input type="checkbox"/> Life! Provider <input type="checkbox"/> GP/HP</p> <p>Note: To be eligible for the program the patient must be:</p> <ul style="list-style-type: none"> a. 45 years or more and have scored 12 or higher on the AUSDRISK tool OR b. 18 years or more and be of Aboriginal or Torres Strait Islander descent and have scored 12 or more on the AUSDRISK tool OR c. 18 years or more and have previously been diagnosed with heart disease or gestational diabetes. d. 16 years or more, have had a WorkHealth check and have scored 12 or higher on the AUSDRISK tool. <p>The patient must not have diabetes, angina/ angioplasty/ myocardial infarction (diagnosed in the last 3 months), clinically active cancer and must not be pregnant.</p> <p>Referral to diabetes prevention: <input type="checkbox"/> Phone <input type="checkbox"/> Group</p> <p>Patient/client details</p> <p>Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="text"/> Other <input type="text"/></p> <p>Name <input type="text"/></p> <p>Date of birth <input type="text"/></p> <p>Sex <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Address <input type="text"/></p> <p>Contact no <input type="text"/></p> <p>Mobile no <input type="text"/></p> <p>Email <input type="text"/></p> <p>Country of birth <input type="text"/></p> <p>Main language spoken at home <input type="text"/></p> <p>Patient/client of Aboriginal or Torres Strait Islander origin?</p> <p>Aboriginal <input type="checkbox"/> Yes <input type="checkbox"/> No Torres Strait Islander <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Referrer contact info <input type="text"/></p> <p>Signature <input type="text"/></p> <p>Fax <input type="text"/></p>	<p>Patient/Client's GP Information</p> <p>GP Name <input type="text"/></p> <p>Address <input type="text"/></p> <p>Contact no <input type="text"/></p> <div style="border: 1px solid orange; padding: 5px; margin-top: 10px;"> <p>Reason for patient referral</p> <p>Diabetes Risk Score <input type="text"/></p> <p>Does your patient have</p> <p>A history of CVD <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>A history of GDM <input type="checkbox"/> Yes <input type="checkbox"/> No</p> </div> <p>Weight <input type="text"/> kg Waist circumference <input type="text"/> cm</p> <p>Height <input type="text"/> cm</p> <p>Current medication (if known)</p> <p><input type="text"/></p> <p>Past medical history</p> <p>Current Smoker <input type="checkbox"/> Daily <input type="checkbox"/> Occasionally <input type="checkbox"/> Not at all</p> <p>Other <input type="text"/></p> <p>Has diabetes been excluded: (in last 12 months) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Investigation/test results (within last 12 months)</p> <p>If possible, please attach the following results taken within the last 12 months</p> <p><input type="checkbox"/> FBG (attach OGTT result if FBG >5.5)</p> <p><input type="checkbox"/> LIPIDS: TC, HDL, LDL, TRIGs</p>
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To discuss with your patient/client

Please tick below if your patient/client DOES NOT consent to the following:

- ☐ My health professional to release my information to Diabetes Australia–Vic to complete my referral into the program
- ☐ Diabetes Australia –Vic to contact me regarding research and information for people at risk of developing type 2 diabetes.

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.

Data collection at Diabetes Australia – Vic

Diabetes Australia – Vic is the peak consumer body and leading charity representing all people affected by diabetes and those at risk.

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.

Diabetes Australia ABN 47 008 529 461