

Life! Referral form

Taking Action on Diabetes

Electronic referral forms are available for Life! from www.diabetesrisk.org.au under **Health Professionals > Life! Program referral form**. Forms are available for a number of medical software packages, including Medical Director.

Referral date **ID (facilitator use only)**

Note: Patient must be 50 years or over, or an adult Aboriginal or Torres Strait Islander, or referred through Workhealth to be eligible for the program.

Referred through Workhealth ☐

First visit ☐

Referral to diabetes prevention: ☐ **Course** ☐ **Phone** ☐ **Either**

Referral to local facilitator or provider (if known):

Name:

Address:

Phone:

Fax:

Patient/client details

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Name:

Preferred name/s:

Date of birth:

Sex: ☐ Male ☐ Female

Address:

Home phone:

Work phone:

Mobile:

Email:

Pension Card No:

Medicare/DVA no:

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

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 participants who attend the Life! Taking Action on Diabetes 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

General Practitioner

Signature:

Clinic fax:

Reason for patient referral: Prevention of diabetes

Has diabetes been excluded: (in last 12 months) ☐ Yes ☐ No **Diabetes Risk Score:**
(score must be 12 or more to be eligible)

CVD ☐ Yes ☐ No

GDM ☐ Yes ☐ No

Warnings:

Allergies:

BP: **Waist circumference:** cms

Weight: kgs **Height:** cms

Current medication (or attach list)

Drug name

Past medical history

Depression: ☐ Yes ☐ No **Current smoker:** ☐ Daily ☐ Occasionally ☐ Not at all

Others:

Investigation/test results (within last 12 months)

Please attach the following results taken within the last 12 months:

☐ **FBG (attach OGTT result if FBG > 5.5)**

☐ **LIPIDS: TC, HDL, LDL, TRIGs**

Research opportunities

From time to time, opportunities will arise for people at risk of diabetes to participate in research activities.

☐ Please tick here if the patient **DOES NOT** want to participate in research or receive information about further research into the prevention of diabetes.

If you have any questions regarding the completion of this form call **8648 1880**. Please fax completed form to 9667 1757 **or** your local provider **or** send to:

Life! Taking Action on Diabetes

Diabetes Australia – Vic, 570 Elizabeth Street, Melbourne 3000