

REFERRAL FORM

Referral date

Referred through: ☐ **WorkHealth** ☐ **Life! Provider** ☐ **GP/HP**

Note: To be eligible for the program the patient must be:

- 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.

The patient must not have diabetes, angina/ angioplasty/ myocardial infarction (diagnosed in the last 3 months), clinically active cancer and must not be pregnant

Referral to diabetes prevention: ☐ **Phone** ☐ **Group**

Patient/client details

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other

Name

Date of birth

Sex ☐ Male ☐ Female

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

Signature

Fax

Patient/Client's GP Information

GP Name

Address

Contact no

Reason for patient referral

Diabetes Risk Score

Does your patient have

A history of CVD ☐ Yes ☐ No

A history of GDM ☐ Yes ☐ No

Weight kg Waist circumference cm

Height cm

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

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