

Patient details

Referral Date:

Name:

Address:

Phone:

Email:

DOB: Gender:

Country of birth:

Does your patient speak English? Yes No

Aboriginal or Torres Strait Islander descent: Yes No

Past medical history

Current smoker: Yes No

Blood pressure: systolic/ diastolic

Waist circumference (cm):

Life! program exclusion criteria: • Diabetes • Pregnancy • Active cancer

It is important to consider the suitability of the Life! program for each individual.

Patient eligibility

See over for further information and definitions.

Choose one of the following A OR B OR C:

<input type="radio"/> A	→ OR	<input type="radio"/> B	→ OR	<input type="radio"/> C										
<p>≥ 18 years and AUSDRISK ≥ 12 and BMI ≥ 25</p> <p>AUSDRISK Score: <input type="text"/></p> <p>Height (cm): <input type="text"/></p> <p>Weight (kg): <input type="text"/></p> <p>BMI: <input type="text"/></p>		<p>≥ 45 years (≥ 35 years if Aboriginal or Torres Strait Islander) and cardiovascular disease absolute risk score ≥ 10%</p> <p>CVD risk score: <input type="text"/></p>		<p>≥ 18 years with one or more of the following pre-existing conditions (Please tick ✓ and document):</p> <table border="0"> <tr> <td><input type="checkbox"/> Cardiovascular disease</td> <td><input type="checkbox"/> Gestational diabetes</td> </tr> <tr> <td><input type="checkbox"/> Chronic Kidney Disease</td> <td><input type="checkbox"/> Pre-diabetes (IFG or IGT)</td> </tr> <tr> <td><input type="checkbox"/> Polycystic ovary syndrome</td> <td><input type="checkbox"/> Familial hypercholesterolemia</td> </tr> <tr> <td><input type="checkbox"/> Serum total cholesterol > 7.5mmol/L (initial reading): <input type="text"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Syst BP of ≥ 180 mmHg or Diast BP ≥ 110mmHg (reading): <input type="text"/></td> <td></td> </tr> </table>	<input type="checkbox"/> Cardiovascular disease	<input type="checkbox"/> Gestational diabetes	<input type="checkbox"/> Chronic Kidney Disease	<input type="checkbox"/> Pre-diabetes (IFG or IGT)	<input type="checkbox"/> Polycystic ovary syndrome	<input type="checkbox"/> Familial hypercholesterolemia	<input type="checkbox"/> Serum total cholesterol > 7.5mmol/L (initial reading): <input type="text"/>		<input type="checkbox"/> Syst BP of ≥ 180 mmHg or Diast BP ≥ 110mmHg (reading): <input type="text"/>	
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Referrer details

Name:

Clinic:

Address:

Phone:

Fax:

Email:

By signing this form, you agree that you have explained to your patient and, in your opinion, they understand that Diabetes Victoria collects their personal information for the purposes of Life! program registration, administration, participation and monitoring.

Signature:

Completing the referral

✓ **Tick to confirm**

Blood pathology report within 12 months of referral date:

- Fasting Blood Glucose (or HbA1C)
- Full Lipid Profile (TC/TRIG/HDH/LDL)

Completed AUSDRISK form if using criteria A

Diabetes excluded

Return completed referral to:

Fax: 03 9667 1757

Email: life@diabetesvic.org.au

Mail: Diabetes Victoria
570 Elizabeth Street
Melbourne, VIC 3000

Phone: 03 8648 1880

THE AUSTRALIAN TYPE 2 DIABETES RISK ASSESSMENT TOOL (AUSDRISK)

1. Your age group:

- Under 35 years 0 points
 35–44 years 2 points
 45–54 years 4 points
 55–64 years 6 points
 65 years or over 8 points

2. Your gender:

- Female 0 points Male 3 points

3. Your ethnicity/country of birth:

- a. Are you of Aboriginal, Torres Strait Islander, Pacific Islander or Maori descent?
 No 0 points Yes 2 points
- b. Where were you born?
 Australia 0 points
 Asia, Middle East, North Africa, Southern Europe 2 points
 Other 0 points

4. Have either of your parents, or any of your brothers or sisters been diagnosed with diabetes (type 1 or type 2)?
 No 0 points Yes 3 points

5. Have you ever been found to have high blood glucose (sugar) for example, in a health examination, during an illness, during pregnancy?
 No 0 points Yes 6 points

6. Are you currently taking medication for high blood pressure?
 No 0 points Yes 2 points

7. Do you currently smoke cigarettes or any other tobacco products on a daily basis?
 No 0 points Yes 2 points

8. How often do you eat vegetables or fruit?
 Everyday 0 points
 Not everyday 1 point

9. On average, would you say you do at least 2.5 hours of physical activity per week (for example, 30 minutes a day on 5 or more days a week)?
 Yes 0 points No 2 points

10. Your waist measurement taken below the ribs (usually at the level of the navel, while standing):

Waist measurement (cm) _____

Complete either the green or orange box below, as appropriate:

For those of Asian or Aboriginal or Torres Strait Islander descent:

Men	Women	
Less than 90cm	Less than 80cm	<input type="checkbox"/> 0 points
90–100cm	80–90cm	<input type="checkbox"/> 4 points
More than 100cm	More than 90cm	<input type="checkbox"/> 7 points

For all others:

Men	Women	
Less than 102cm	Less than 88cm	<input type="checkbox"/> 0 points
102–110cm	88–100cm	<input type="checkbox"/> 4 points
More than 110cm	More than 100cm	<input type="checkbox"/> 7 points

Add up your points

Your risk of developing type 2 diabetes within 5 years*:

5 or less: Low risk

Approximately one person in every 100 will develop diabetes.

6–11: Intermediate risk

For scores of 6–8, approximately one person in every 50 will develop diabetes. For scores of 9–11, approximately one person in every 30 will develop diabetes.

12 or more: High risk

For scores of 12–15, approximately one person in every 14 will develop diabetes. For scores of 16–19, approximately one person in every seven will develop diabetes. For scores of 20 and above, approximately one person in every three will develop diabetes.

*The overall score may overestimate the risk of diabetes in people younger than 25.