



St George & Sutherland Network  
**DIABETES EDUCATION CENTRE**  
Phone: 9113 3090 / Fax: 9113 2690  
**Outpatient Referral Form**



Name \_\_\_\_\_

MRN \_\_\_\_\_

DOB \_\_\_\_\_

Address \_\_\_\_\_

Or Patient Addressograph \_\_\_\_\_

Sex: F/M \_\_\_\_\_

Dear Endocrinologist: Dr Diamond/ Dr Rohl/ Dr Reyes

Diabetes Educator/ Dietitian

(Please circle to specify specialist or service required)

Date of referral: \_\_\_\_\_

Patient Contact Number: \_\_\_\_\_

Interpreter Required: Yes / No \_\_\_\_\_

Language: \_\_\_\_\_

Type of Diabetes Mellitus: ☐ Type 1 ☐ Type 2: ☐ GDM ☐ Steroid Induced

Reason for referral: ☐ Newly diagnosed ☐ Oral hypoglycaemic agents ☐ Insulin start ☐ Poor control

☐ BGL monitoring ☐ Other \_\_\_\_\_

CLINICAL INFORMATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CURRENT DIABETES MANAGEMENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recent BGLs: \_\_\_\_\_

Name of referring Doctor/Nurse \_\_\_\_\_ Provider Number: \_\_\_\_\_

Address of Practice: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Signature: \_\_\_\_\_

*Please fax this form to us as soon as possible. We will endeavour to notify the patient that we have received the referral and arrange an appointment. Please attach any additional information or recent results.*

St George & Sutherland Network Diabetes Education Centre

Ph: 911330903 / Fax: 91132690