



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/O'Sullivan  
 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