



St George & Sutherland Network
DIABETES EDUCATION CENTRE

Phone: 9113 3090 / Fax: 9113 2690

Outpatient Referral Form



Date of Referral: _____

Dear: Endocrinologist: Dr Diamond / Dr Rohl / Dr Chan
 Diabetes Educator / Dietitian
 (please circle to specify specialist or service required)

Name: _____ MRN: _____

Address: _____

DOB: _____ Sex: F/M Contact Phone/Mobile: _____

Interpreter Required: Yes / No _____ Language: _____

Aboriginal Descent: Yes / No _____ Torres Strait Islander: Yes / No _____

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
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