



Queensland
Government

Metro North Hospital & Health Service
Subacute and Ambulatory Service

Diabetes Outpatient Service Referral Form

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex: M F

ATTACH A DISCHARGE /MEDICAL SUMMARY TO THIS REFERRAL

Client Consent

Yes No Reason if No

Date of Referral

Indicate the type of Diabetes

Type 1 – Adult / Child

Type 2 - HbA1c \geq 8%

New Diagnosis of Type 1

Indicate the current Diabetic Therapy

Oral Hypoglycaemic

Oral Hypoglycaemic and Insulin

Insulin

Additional Information (tick all that apply)

HbA1c persistently \geq 8%

Recent changes in management plan

i.e. pre- surgery or hypoglycaemic episodes

Requires assessment of high risk foot

Frequent blood glucose below 4mmol/L

New Insulin

Requires Phamacological assessment

Existing co-morbidities require review

i.e. Peripheral vascular disease

Psychological changes – Type 1 Diabetes

Commencement of Insulin

Reason for Referral (not required if Discharge Summary attached) Summary Attached

Clients Medical Conditions and Medications (or attach a Medical Summary/Pathology Results)

Last HbA1c:

Client Goals

Other Relevant Information (eg services involved, cultural needs, risks etc)

DO NOT WRITE IN THIS BINDING MARGIN

DIABETES OUTPATIENT SERVICE



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Sex: M F

Referrer Details

Name Address/Agency/Practice

Telephone Fax

Email Address

Hospital Details (if applicable)

Hospital & Ward Consultant Name Admission Date Discharge Date

Client Details

Title Name Sex M F Date of Birth

Address

Telephone Mobile

Indigenous Status

Does the client require an interpreter? Yes No Unknown

If yes, language spoken

Medicare No Expiry Date **Government Benefit** Card No

Health Insurance Card No Company

Emergency Contact

Name Address

Telephone Mobile

Relationship to Client

Does the client have an EPOA? Yes No Unknown

EPOA Name Telephone

REFERRAL SUBMISSION

Brisbane City Council area

Fax: 3139 6522

Enquiries: 1300 658 252

Moreton Bay Regional Council area

Fax: 3049 1260

Enquiries: 1300 658 252

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