

Self Referral Form

IMPORTANT NOTICE: The information contained in this document is confidential. If you receive this message in error, please notify us immediately and return the original message to Diabetes WA.

Please complete the following information to the best of your ability. You can also be referred to the diabetes telehealth service by calling **1300 001 880**.

Your Personal Details			Date Referral Sent: / /	
Universal Medical Record Number (UMRN) if known:				
What hospital gave you this number?				
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs		First Name:		
Middle Name(s):		Last Name:		
Previous/Maiden Name:		Preferred Name:		
Address:			Postcode:	
Postal Address:			Postcode:	
DOB:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Email:		
Telephone:	Mobile:	Other:		
Medicare Number:		Reference No:	Expiry Date: / /	
Interpreter Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		Language Spoken:		
Aboriginal/Torres Strait Islander: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Your GP Details				
GP's Name:				
Centre/Clinic Name:		GP's Telephone No:		
GP's Address:		GP's Facsimile No:		
Your Diabetes Type (please check)				
Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 2 Requiring Insulin <input type="checkbox"/>				
Other (Gestational, Steroid Induced etc. please detail):				
Date of Diagnosis: / / (If unknown, state the number of months or years diagnosed _____ months/years)				
Registered with Health Navigator: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure				
Registered with National Diabetes Service Scheme (NDSS): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure				
If yes, please provide NDSS registration number:				
Reason For Contacting Service:				
FEEDBACK: (OFFICE ONLY)	DATE	REFERRAL RECEIVED BY:	SIGNATURE/DESIGNATION:	

Return the completed form via:

Fax referrals: **(08) 9221 1183** | Email: telehealth@diabeteswa.com.au

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