

Diabetes WA 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.

MY HEALTH RECORD: The Diabetes WA Clinic accesses My Health Record prior to and during appointments. If the client does not consent, please contact us at least 1 business day before the appointment.

MEDICARE REBATE (METRO ONLY): If patient is eligible for Medicare Rebates under GPCCMP, please attach to this referral.

Please tick YES if this is an URGENT referral: YES NO (Urgent referrals will attempt to be seen within 7 days)			
Client Details (please complete ALL sections)			
URN:		Registered with Health Navigator: Yes No	
UMRN:		Site:	
Title:	Surname:	Given names:	
Address:			Postcode:
DOB:	Gender:	Aboriginal/TSI: Yes No	
Telephone:	Mob:	Email:	
Medicare Number:		Reference No:	Expiry Date:
Interpreter Required: Yes No		Language:	
Referred By:		Date Referral Sent:	
Title:	Surname:	Given Names:	
Agency Name:		Address:	Postcode:
Telephone:	Email:	Facsimile:	
Future correspondence to be sent to:			
Name:		Email:	Facsimile:
General Practitioner Details		GP Aware of Referral: Yes No	
Title: Dr	Surname:	Given Names:	
Practice Name:		Address:	Postcode:
Telephone:	Email:	Facsimile:	
Diabetes Type (Please check)			
Type 1	Type 2	Gestational	Other:
NDSS Registration: Yes No		NDSS No:	Urgent Referral: Yes No
Reason for Referral:			
Medications: Yes No (If yes, list with dosage, frequency & route)			
Referred by Diabetes Connect consult: Yes No			
Pathology: Copies Attached Yes No (Please indicate results and date)			
Weight (kg):		HbA1c (mmol/mol or %):	LDL-C (mmol/L):
Height (cm):		Total Chol (mmol/L):	Micro albuminuria (mg/L):
BMI:		Triglycerides (mmol/L):	ACR (mg/mmol/L):
BP (mmHg):		HDL-C (mmol/L):	eGFR (ml/min/1.73m ₂):
Medical Conditions: Yes No (Please check boxes below)			
MI	CHF	Angina	Hypertension
Hyperlipidaemia	CVA	PVD	Nephropathy
Dialysis	Neuropathy	Retinopathy	Cataracts
Glaucoma	COPD	Asthma	Hypo/Hyperthyroidism
Immune Condition	Dementia	Cancer	Mental Health Condition
Other (please list)			
Surgical History: Yes No		CABG	Stent (heart) Stent (leg) Other:
Allergies/Alerts: Yes No		Allergy details:	

For more information, please contact:

Healthlink: DWATEL3H | Telephone referrals: 1300 001 880 | Fax referrals: (08) 9221 1183
 | Country WA Email: telehealth@diabeteswa.com.au | Perth Metro Email: clinic@diabeteswa.com.au |
 Level 3/322 Hay Street Subiaco, WA 6008

Insulin Therapy Titration Form

Patient		
DOB:	Given name/s:	Surname:
Address:		Diabetes Type:
Insulin Therapy Order (List Insulin type and starting dosage below)		
Insulin Type/s	Dose & timing	
As this Patient's Medical Officer:		
I authorise a credentialled diabetes educator at Diabetes WA to adjust Insulin doses via in-person, video conference and/or telephone consultations according to the adjustments and blood glucose targets listed below. Size of Incremental Adjustments: 2 units every 3 days. Exceptions: Ryzodeg – 1-2 units weekly. Toujeo – 1 unit daily or 10% of dose.		
Target Glucose Range / Size of Incremental Adjustments		
Type 1 & 2 Diabetes Fasting: 6.0 to 7.0 mmol/L 2 hrs Post Prandial 5.0 to 10.0 mmol/L (rise of < 2-3 from preprandial).	Higher Range Clinically Appropriate Targer range: 6.0 to 15.0 mmol/L As clinically appropriate. Adjusted based on individual needs or symptoms and risk of hypoglycaemia.	Pre-Pregnancy (ADIPS) Time in Range (3.5-7.8mmol/L): >70% HbA1C 6.5% or less Gestational Diabetes (ADIPS) Fasting: 4.0 – 5.2mmol/L 2 hrs Post Prandial 4.0 – 6.7mmol/L Type 2 in Pregnancy (ADIPS) Fasting: 4.0 – 5.3mmol/L 2 hrs Post Prandial 4.0 – 6.7mmol/L
Changes Required to Oral / Injectable Therapy:		
Medical Officer		
Title:	Given Name/s:	Surname:
Practice Name/Address:		
Phone:	Fax:	Email:
- This insulin therapy order is valid from date of signature, and becomes invalid if there is a change in insulin management, a change to the clients medical officer or at the request of the medical officer. - Diabetes WA is not a 24-hour service and therefore cannot provide urgent medical assistance to patients.		
GP Signature:		Date:

Endocrinology Registrars Available

If you wish to discuss the diabetes medical management of your patient or you have an urgent matter, an endocrinology registrar can be contacted 24 hours, 7 days a week at the following tertiary hospitals:

Fiona Stanley Hospital	6152 2222
Royal Perth Hospital	6477 5213
Sir Charles Gardiner Hospital	6457 3333

Other

Diabetes Connect	Call Diabetes WA Consultant Endocrinologist, or to book a Multidisciplinary Case Conference - 08 9436 6270 https://www.diabeteswa.com.au/diabetes-connect/
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Links for Clinical Support or Useful Information

Health Pathways	https://www.communityhealthpathways.org/
RACGP General Practice Management of Type 2 Diabetes	https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/management-of-type-2-diabetes/introduction
Appendix G. Types of Insulin Available	https://www.racgp.org.au/FSDEDEV/media/documents/Clinical%20Resources/Guidelines/Diabetes/Appendix-G.pdf
Appendix H. Examples for Insulin Initiation and Titration	https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/management-of-type-2-diabetes/appendices/appendix-2-guide-to-insulin-initiation-and-titration
NDSS Health Professional Portal to Register and Change in Medication	https://hp-portal.ndss.com.au/SignIn

Other factors you may wish to consider prior to initiation of insulin:	• Patient competency – consider vision or hearing impairment, poor dexterity, cognitive impairment. • Preferably commence insulin at the beginning of the week to ensure the patient can access health professional support as required. Once commenced on insulin, encourage regular review. Encourage patients to include a support person in education in case of emergency. • Develop with your patient a Sick Day Plan including hypoglycaemia treatment.
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