

Life! Referral form

Taking Action on Diabetes

Electronic referral forms are available for Life! from www.diabetesrisk.org.au under **Health Professionals > Life! Program referral form**. Forms are available for a number of medical software packages, including Medical Director.

Referral date ID (facilitator use only)

Note: Patient must be 50 years or over, or an adult Aboriginal or Torres Strait Islander, or referred through Workhealth to be eligible for the program.

Referred through Workhealth

First visit

Referral to diabetes prevention: Course Phone Either

Referral to local facilitator or provider (if known):

Name:

Address:

Phone:

Fax:

Patient/client details

Title: Mr Mrs Ms Miss Other

Name:

Preferred name/s:

Date of birth:

Sex: Male Female

Address:

Home phone:

Work phone:

Mobile:

Email:

Pension Card No:

Medicare/DVA no:

Country of birth:

Main language spoken at home:

Patient/client of Aboriginal or Torres Strait Islander origin?

Aboriginal: Yes No Torres Strait Islander: Yes No

Data collection at Diabetes Australia – Vic

Diabetes Australia – Vic is the peak consumer body and leading charity representing all people affected by diabetes and those at risk.

Data will be collected by Diabetes Australia - Vic on all participants who attend the Life! *Taking Action on Diabetes* program. To maintain the confidentiality of your personal information, we comply with all Commonwealth and state privacy legislation. A copy of our Privacy Policy is available upon request. Your information will be used to assess the effectiveness of the Life! Program. It will be stored in a secure database and only accessible by the organisation providing the Life! course and management of the Life! Program.

Diabetes Australia ABN 47 008 529 461

General Practitioner

Signature:

Clinic fax:

Reason for patient referral: Prevention of diabetes

Has diabetes been excluded: Yes No **Diabetes Risk Score:**
(in last 12 months) (score must be 12 or more to be eligible)

CVD Yes No

GDM Yes No

Warnings:

Allergies:

BP: Waist circumference: cms

Weight: kgs Height: cms

Current medication (or attach list)

Drug name

Past medical history

Depression: Yes No Current smoker: Daily Occasionally Not at all

Others:

Investigation/test results (within last 12 months)

Please attach the following results taken within the last 12 months:

FBG (attach OGTT result if FBG >5.5)

LIPIDS: TC, HDL, LDL, TRIGS

Research opportunities

From time to time, opportunities will arise for people at risk of diabetes to participate in research activities.

Please tick here if the patient **DOES NOT** want to participate in research or receive information about further research into the prevention of diabetes.

If you have any questions regarding the completion of this form call **8648 1880**. Please fax completed form to 9667 1757 **or** your local provider **or** send to:

Life! Taking Action on Diabetes

Diabetes Australia – Vic, 570 Elizabeth Street, Melbourne 3000