

First Visit Invoice cover sheet

Your details

Name:	
Facilitator ID:	
Phone no.:	
Email:	

Details of first visit clients

Name	Participant ID # (Life! Database)	Appointment date	AUSDRISK Score	Referral, with 3 healthy goals on back, attached (please tick)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				

Please attach to front of referrals collected during first visits and return with invoice to:

Attn: Catherine Cooke
570 Elizabeth Street
Melbourne Victoria 3000

Fax: (03) 9667 1757

Call 13 RISK (13 7475) or visit www.diabetesrisk.org.au