PRIORITY ALLIED HEALTH SERVICE – REFERRAL FORM

# Diabetics Educator

**Patient to be seen by Action Allied Health Care at:**

Aberdeen, Denman, Murrurundi, Muswellbrook, & Scone

| | | |
|---|---|---|
| Referral Date: | | |
| Referring GP: | | Provider No: |
| GP Contact Details: | Tel: | Fax: |
| Patient Name: | | |
| Patient DOB: | | Male Female |
| Patient Address: | | |
| Patient Telephone(s): | (h) (m) | |
| Medicare/DVA number: | | |
| Consent: | Has the patient consented to this referral? | Yes No |
| ATSI: | No Aboriginal Torres Strait Islander Unknown | |
| Educational status: | Primary Secondary (Yr 10 equivalent) Secondary (Yr 12 equivalent) Tertiary Unknown | |
| Living arrangements: | Lives Alone Family/Carer Friend Unknown | |

**Reason for Referral:** (please tick)

| | | | |
|---|---|---|---|
| Re-Diabetes | | Insulin Commencement | |
| T1DM | | Insulin Pump | |
| T2DM | | Polycystic Ovarian Syndrome | |
| GDM | | Continuous glucose monitoring | |
| Unstable Diabetes | | Commencement of Saxenda | |

| | |
|---|---|
| GP signature: | |

| | | | |
|---|---|---|---|
| **Please fax this referral form to:** | Action Diabetes | 49815822 | √ |
| | | | |
| With a copy to: (as necessary) | Aberdeen | 65437745 | ☐ |
| | Denman | 65471137 | ☐ |
| | Muswellbrook (Brook Medical) | 65412653 | ☐ |
| | Muswellbrook (Hunter Medical) | 4981 5822 | ☐ |
| | Scone | 65453482 | ☐ |

***Action Allied Healthcare: Annabel Thurlow- Nurse Practitioner/Diabetes Educator: annabel@actiondiabetes.com***
***Ph:4981 5825***