

**St George and Sutherland Hospitals
Diabetes Education Centres**

FAX to: 9113 2690

Diabetes Centre staff will contact patient to arrange an appointment

Phone enquiries to: 9113 3090

REFERRAL DATE:

DIABETES EDUCATION CENTRE: Sutherland St George (please circle appropriate)

HEALTH PROFESSIONAL: Diabetes Educator Dietitian (please circle appropriate)

REASON FOR REFERRAL *(Mandatory For ALL Referrals)*

	TYPE OF DIABETES:
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REFERRING DOCTOR

NAME: ADDRESS:	PROVIDER PHONE FAX EMAIL	
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PATIENT INFORMATION

NAME:	GENDER :
COUNTRY OF BIRTH:	DATE OF BIRTH:
ADDRESS	HOME:
	WORK:
	MOBILE:
	E-Mail
MEDICARE NUMBER	PENSION NUMBER
DVA NUMBER	HEALTH INSURANCE

TRANSLATOR REQUIREMENTS		LANGUAGE	
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PATIENT CONSENT		ABORIGINAL or TSI	
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CLINICAL INFORMATION**PAST MEDICAL HISTORY****ALLERGIES****CURRENT MEDICATIONS****INVESTIGATIONS****SOCIAL HISTORY****SMOKING STATUS****ALCOHOL USE****EXERCISE** *(please specify)***DIET** *(please specify)*

<60min/week 150min/week >150min/week

Poor Adequate Good Excellent

GP SIGNATURE**DATE**