

Nepean Diabetes Service – Young Adults Clinic

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Nepean Blue Mountains
Local Health District

Patient Referral, Young Adults Clinic

SECTION 1: Patient Details

Name: _____
Address: _____
Date of Birth: ____/____/_____
Email: _____ Phone: _____
Medicare No: _____
NOK/Carer Name: _____ Relationship: _____ Phone: _____
Is patient of Aboriginal or Torres Strait Islander Origin?
☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal & Torres Strait Islander
☐ No ☐ Prefer not to answer

SECTION 2: Clinic Referral - All our specialists bulk bill directly to Medicare

☐ Dr Kris Park – Endocrinologist (or other endocrinologist) ☐ General Clinic (any available practitioner)

Date of referral: ____/____/____

Is an indefinite referral: ☐ No ☐ Yes (**Note:** New referral must be completed if patient's condition changes)

SECTION 3: Referral Information

Referring Doctor:

Name/Provider Number: _____
Practice/Position: _____
Date: ____/____/____ Signature: _____
Phone: _____ Fax: _____

SECTION 4: Medical History

Diabetes diagnosis: ☐ Type 1 ☐ Type 2

Current Diabetes Medication	Before Breakfast	Before Lunch	Before Dinner	Before Bed

Other medical conditions: _____

Non-diabetes medications: _____

Comments/problems: _____

SECTION 5: Triage (HOSPITAL USE ONLY)

Referral triaged: ____/____/____ by: _____ Signature: _____
For: ☐ Consultant ☐ Registrar/Resident
Appointment made: ____/____/____ at: _____
Entered in iPM: _____ by: _____