Nepean Diabetes Service
Level 5, Building C, Nepean Hospital
Cnr Derby and Somerset St, Kingswood NSW 2747
PO Box 63, Penrith NSW 2751
Ph: 4734 3974 Fax: 4734 3979
NBMLHD-NepeanDiabetes@health.nsw.gov.au

NSW GOVERNMENT
Nepean Blue Mountains Local Health District

Patient Referral, Nepean Diabetes Service

SECTION 1: Patient Details

Name: _____ Previous Surname/s: _____

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 - <u>All our specialists bulk bill directly to Medicare</u>

☐ Dr Ivan Kuo – 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: _____

Other clinicians already providing care outside of this service (please tick and provide name)

☐ Endocrinologist: _____ ☐ Diabetes Practice Nurse: _____

☐ Dietitian: _____ ☐ Diabetes Educator: _____

☐ Podiatrist: _____ ☐ Optometrist: _____

☐ Ophthalmologist: _____ ☐ Diabetes Nurse Practitioner: _____

☐ Psychiatrist: _____ ☐ Psychologist: _____

☐ Other: _____

Reason for referral:

☐ **Recent discharge from hospital** with a change to insulin regimen

☐ **Type 1 diabetes:** Date of diagnosis: _____ /_____/_____

☐ **Diabetes secondary to other condition(s)** e.g. Pancreatitis, Cystic Fibrosis, etc.

Please specify: _____

☐ **CGM / Pumps – NDSS Subsidy Scheme**

☐ **Type 2 diabetes** and meeting **ANY** of the criteria below:

- ☐ < 40 years of age
- ☐ HbA1c > 9.0% (75 mmol/mol)
- ☐ On insulin and awaiting surgery and HbA1c > 7.5% (58 mmol/mol)

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☐ **Using Insulin and ANY of the following:**

- ☐ Insulin pump ☐ Basal / bolus ☐ Premixed
- ☐ >2 units / kg ☐ >100 units / kg
- ☐ Body Mass Index (BMI) > 30 kg/m2 and 5% weight gain within 6 months of starting insulin, ongoing weight gain

☐ **Hypoglycaemia** meeting **ANY** of the criteria below:

- ☐ Recurrent blood glucose levels (BGLs) of < 4.0 mmol/L without reversible precipitant, **OR**
- ☐ Any history of unconscious hypoglycaemia, **OR** ☐ Hypoglycaemia requiring hospital admission

☐ **Hyperglycaemia** (BGLs which are regularly > 15mmol/L or HbA1c > 8.0%), induced by steroids, novel anti-neoplastic(chemotherapy) / antiepileptic / antipsychotic agents

☐ **Premenopausal women planning pregnancy within 12 months**

☐ **Significant end organ dysfunction including:**

- ☐ PVD* or Peripheral Neuropathy **AND** at high risk of ulcer / amputation or with history of ulcer / amputation
- ☐ Retinopathy / macular oedema with history of intervention or threatened vision confirmed by Ophthalmologist
- ☐ Severe albuminuria (ACR > 30mg/mmol Cr) or eGFR < 30ml/min/1.73m2
- ☐ Hospitalisation for heart failure or NYHA* Class II or greater (provide description of symptoms)
- ☐ Severe liver fibrosis / cirrhosis on liver biopsy or ALT / AST > 5x normal presumed due to NAFLD / NASH

☐ **Other:** *If you think your patient is complex and requires review outside of the above criteria, you can provide a brief summary below. Please also provide a detailed referral with clear indication for review and this will be discussed with the multidisciplinary team (MDT) at the Diabetes Service.*

_____

_____

_____

*** PVD –** Peripheral Vascular Disease, **NYHA –** New York Heart Association

- Referrals will be triaged in accordance with information you provide along with a medical summary, medication list and pathology etc. as listed above
- Your patient will be directed to the most relevant clinician based on their needs
- Your patient will see clinicians with experience in diabetes management, however they may not always see an Endocrinologist

We do not accept referrals for fitness to drive assessments

SECTION 4: Clinical Information

In addition to this referral, please provide:

- A medical summary list
- A current medication list
- Recent pathology (<3 months old) including: **FBC, EUC, LFT, HbA1c, fasting lipids, urine ACR**
- Any other relevant scans / investigations **including documentation of criterion/criteria for entry that is/are indicated in reason for referral (see over)**

For pregnancy, please use the Diabetes in Pregnancy Intake Form

SECTION 5: Triage (HOSPITAL USE ONLY)

Referral triaged: ____/____/_____ by: _____ Signature: _____

For: ☐ Consultant ☐ Registrar/Resident

Category: 1 (30 days) 2 (<90 days) 3 (365 days) Appointment time: 15 mins 30 mins 45 mins

Type: ☐ Group ☐ DNE ☐ Dietitian ☐ Endocrinologist ☐ Nurse Practitioner

For: ☐ Adult ☐ Transition ☐ Paediatrics ☐ Pre pregnancy planning

Appointment made: _____/_____/_____ at: _____

Entered in iPM: _____ by: _____