

Nepean Diabetes Service

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Nepean Blue Mountains
Local Health District

Patient Referral, Pre-pregnancy and Postpartum Clinic

SECTION 1: Patient Details

Name: _____

Address: _____

Date of Birth: _____

Email: _____ Phone: _____

Medicare No: _____

Person of Contact: _____ 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 Natassia Rodrigo Endocrinologist (or other endocrinologist) General Clinic (any available practitioner)

Date of referral: _____ Pre-pregnancy Clinic Postpartum Clinic

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

Treatment: Multiple Daily Injections (MDI) Oral Agents Insulin Pump (specify):
 t:slim Omnipod 5
 Medtronic 780G Ypso

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: _____