

[insert DATE]

Dear Oseca,

Please accept this referral for Diabetes Education in the Warren Blackwood area.

Eligibility includes:

- ☐ At risk of diabetes (Pre-diabetes) ☐ T2DM ☐ T1DM
☐ (LADA, MODY) ☐ Gestational Diabetes (where appropriate)

Please include diagnosis, health history and medications.

**No GPMP/EPC allocation required for ICDC services.*

Client Details

Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Contact Number: Click or tap here to enter text.

Email (optional): Click or tap here to enter text.

Date of Birth: Click or tap here to enter text.

Identifies as: ☐ Aboriginal ☐ TSI ☐ ATSI ☐ CALD

Please include brief health history and medications:

Click or tap here to enter text.

Next of Kin/Carer Name and Contact Number:

Click or tap here to enter text.

Reason for Referral

Please indicate reason for referral

Click or tap here to enter text.

The client is aware of and consents to this referral.

Kind Regards,

[Insert Referrers Signature details]

Referrals to Fax: 9754 2985 or via Healthlink (gpdsmhcc)