

## PRO/ICDC-FRM-801.14

## WARREN BLACKWOOD DIABETES SERVICE REFERRAL LETTER

Oseca

P: 1300 680 431 F: 9754 2985

[insert DATE]				1000 000 401	1.0704 2000
Dear Oseca,					
Please accept t	this referral for Dia	betes Educc	ition in the V	Varren Black	wood area.
Eligibility includ	es:				
□At risk of diab	etes (Pre-diabete	s) 🗆 T	2DM □T	1DM	
□(LADA, MODY)	□Gestati	onal Diabete	es (where ap	propriate)	
<u>Please include</u>	<u>diagnosis, health</u>	history and	medication	<u>1S</u> .	
*No GPMP/EPC	allocation require	d for ICDC se	ervices.		
<b>Client Details</b>					
Name: Click or	tap here to enter	text.			
Address: Click	or tap here to ente	er text.			
Contact Number	er: Click or tap he	re to enter te	ext.		
Email (optional	): Click or tap here	e to enter te	kt.		
Date of Birth: C	lick or tap here to	enter text.			
Identifies as:	□Aboriginal	□TSI	□ATSI	□CALD	
Please include	brief health history	y and medic	ations:		
Click or tap her	e to enter text.				
Next of Kin/Car	rer Name and Con	ntact Numbe	er:		
Click or tap her	e to enter text.				
Reason for Refe	erral				
Please indicate	reason for referra	ıl			
Click or tap her	e to enter text.				
The client is aw	are of and conser	nts to this re	ferral.		
Kind Regards,					
[Insert Referrers	s Signature details	s]			
Referral	s to Fax: 9754	2985 or	via Healtl	hlink (apo	dsmhcc)

Compassion Respect Integrity Excellence

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