

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:

Address:

Contact Number:

Email (optional):

Date of Birth:

Identifies as: ☐ Aboriginal ☐ TSI ☐ ATSI ☐ CALD

Please include brief health history and medications:

Next of Kin/Carer Name and Contact Number:

Reason for Referral

Please indicate reason for referral

The client is aware of and consents to this referral.

Kind Regards,

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