

## PRO/ICDC-FRM-801.14

## WARREN BLACKWOOD DIABETES SERVICE REFERRAL LETTER

Oseca

P: 1300 680 431 F: 9754 2985

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)

Compassion Respect Integrity Excellence

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