

Diabetes Education Referral – Service Request

Referring Source	Date of referral
Name (print)	
Profession	
Contact Number	
Signature	
<input type="checkbox"/> Royal Adelaide Hospital	<input type="checkbox"/> Ward
<input type="checkbox"/> The Queen Elizabeth Hospital	<input type="checkbox"/> Ward

REFERRAL INFORMATION Include all information on this form to enable prioritisation of referral such as type of diabetes and diagnosis date. Indicate suggested 'urgency'. All referrals are triaged by the specialty and allocated a triage category that may differ from suggested urgency.

Service Requested Suggested Urgency

- | | | | |
|---|---|-----------|---|
| <input type="checkbox"/> Diabetes Nurse | <input type="checkbox"/> Urgent (within days / weeks) | OR | <input type="checkbox"/> Next available |
| <input type="checkbox"/> Dietitian | <input type="checkbox"/> Urgent (within days / weeks) | OR | <input type="checkbox"/> Next available |

USE EPAS PATIENT IDENTIFICATION LABEL	
Unit Record Number:	
Surname:	
Given Names:	
Address:	
.....	Date of Birth:
PLEASE COMPLETE <input type="checkbox"/> Interpreter:	
Phone / Mobile:	
Other contact:	
Email (required for CGMS):	

EMAIL TO Must have subject including location, e.g. "HAMPSTEAD REFERRAL"

☐ RAH rah.diabetescentre@sa.gov.au ☐ TQEH or SEFTON PK or HAMPSTEAD qehdiabetescentre@sa.gov.au

POST TO ☐ NALHN (Lyell McEwin or Modbury) Diabetes Education Service, Lyell McEwin Hospital, Haydown Rd, Elizabeth Vale 5112

FAX TO ☐ SALHN 8164 9199 ☐ OTHER

SPECIAL NEEDS (incl. vision/hearing deficits, speech deficit, mental health, other):

Type of Diabetes and Diagnosis Date

- | | |
|--|---|
| <input type="checkbox"/> Newly diagnosed type 2 diabetes | <input type="checkbox"/> Existing type 2 diabetes (diagnosis date |
| <input type="checkbox"/> Other (state) | <input type="checkbox"/> Type 1 diabetes (diagnosis date |

Reason for Referral

Current Diabetes Medication (doses required for new insulin start)

For Hospital Inpatients, Reason for Admission

Medical History

☐ Kidney disease **HbA1c** (include date)

DIABETES NURSE Triage

- | | | | |
|--|---------------------------------|-------------------------------------|------------------------------|
| <input type="checkbox"/> RAH | <input type="checkbox"/> TQEH | <input type="checkbox"/> Sefton | <input type="checkbox"/> HRC |
| <input type="checkbox"/> New | <input type="checkbox"/> Type 1 | <input type="checkbox"/> Nurse Cons | |
| <input type="checkbox"/> Review | <input type="checkbox"/> CGMS | <input type="checkbox"/> CSII pump | |
| <input type="checkbox"/> Immediate (1 to 2 days) | | | |
| <input type="checkbox"/> Urgent (1 to 2 weeks) | | | |
| <input type="checkbox"/> Semi-Urgent (within 3 to 5 weeks) | | | |
| <input type="checkbox"/> Non-Urgent (3 to 6 months) | | | |

Diabetes DIETITIAN Triage

- | |
|--|
| <input type="checkbox"/> Priority 1 (1 to 2 weeks) |
| <input type="checkbox"/> Priority 2 (2 to 4 weeks) |
| <input type="checkbox"/> Priority 3 (4 to 6 weeks) |
| <input type="checkbox"/> Renal |
| <input type="checkbox"/> Sefton Park |
| <input type="checkbox"/> Royal Adelaide Hospital |
| <input type="checkbox"/> The Queen Eliz. Hospital |

OFFICE USE ONLY - APPOINTMENT DETAILS

Date: Time:

☐ Diabetes Nurse ☐ Dietitian

☐ REFERRAL OUT ☐ REFERRAL IN
SCANNED IN SUNRISE EMR

Visit Number:

Signature: