TASMANIAN HEALTH SERVICE

Tasmanian Government

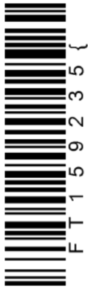
JOHN MORRIS DIABETES CENTRE (JMDC) MULTIDISCIPLINARY REFERRAL

FACILITY:______________________

PT ID										

SURNAME.................................. D.O.B ....
OTHER NAMES...
ADDRESS ....
....

Attach Patient Sticker Label



(Tick ☑ as appropriate)

FOR URGENT REFERRALS PLEASE PHONE

Northern Integrated Care Service

41 Frankland Street, LAUNCESTON 7250 Phone: (03) 6777 4145 Fax: (03) 6777 5247

Interpreter Required: ☐ Yes ☐ No Language:

Referral To: ☐ Nurse Practitioner

☐ Diabetes Nurse Educator ☐ Dietitian ☐ Podiatrist ☐ Psychologist

☐ Dr J Campbell ☐ Dr A Piotrowicz ☐ Dr H Nguyen ☐ Dr A Corbould

Diabetes

☐ Type I ☐ Type 2 ☐ Paediatric ☐ Gestational Diabetes Mellitus ☐ Pregnant ☐ Pre Pregnant

Other / Comments: ______________________

Aim of referral:

Main problem/duration/severity:

Background/brief history/investigations:

Education (Diabetes Nurse Specialist)

☐ Assessment – self-care deficit ☐ Hypoglycaemia ☐ Sick day / diabetic ketoacidosis

☐ Long term complications ☐ Insulin Commencement

Behavioural Health Assessment (Psychologist)

☐ Depression ☐ Anxiety ☐ Stress ☐ Adjustment to condition

Nutrition Management and Assessment (Dietitian)

Referrer:	Designation:
Signature:	Date: DD / MM / YYYY
Contact Email:	Phone:
Client Consent: ☐ Yes ☐ No	Provider Number:

Please attach relevant information including current patient summary, medication list and recent pathology results (highly desirable electrolytes and lipids).

JMDC MULTIDISCIPLINARY REFERRAL