Moorditj Djena Referral Form - Podiatry & Diabetes Education Program

*** Eligible clients must be of Aboriginal/Torres Strait Islander descent and 18+Years of Age ***

PATIENT DETAILS		REFERRER	
Surname:	First:	Name	
Address:		Organisation	
Post Code:	Phone:	Address	
URMN:	DOB: / /	Post Code	Phone
☐ Male ☐ Female	Country of Birth:	**GP DETAILS** (if different to above)	
Aboriginal ☐ Yes TSI ☐ Yes		Name:	
Interpreter Required ☐ Yes ☐ No		GP Practice:	
Visual Impairment ☐ Yes ☐ No		Address:	
Hearing Impairment ☐ Yes ☐ No		Post Code:	Phone:
Alternative Contact Name:		Fax:	
Alternative Contact Phone:			

REFERRAL TYPE

☐ **Podiatry**
- ☐ Neuro Vascular assessment
- ☐ Footwear assessment
- ☐ Ulcer / wound assessment
- ☐ Nail Surgery assessment
- ☐ Diabetes Foot education

☐ **Diabetes Educator**
- ☐ HbA1c ≥ 8 or > or 64 mmol / mol
- ☐ Insulin Initiation and / or Stabilisation
- ☐ Blood glucose monitoring
- ☐ Gestational diabetes (GDM)
- ☐ Improved blood lipids / blood pressure
- ☐ Kidney disease / dialysis

Other: _____

Additional Information

Need Transport ☐ Yes ☐ No

MEDICAL CONDITIONS

☐ Heart disease ☐ High blood pressure
☐ Peripheral neuropathy ☐ Peripheral arterial disease
☐ Diabetes Type _____ Year of Diagnosis _____
☐ Kidney disease Stage _____
☐ Dialysis Type: _____
Other: _____

Current Medications ☐ Yes ☐ No
If yes, please attached current list ☐ Attached

Allergies/ Alerts: _____

PATHOLOGY RESULTS

Copies attached ☐ Yes ☐ No			Date
Blood Pressure		mmHG	
HbA1c		% / mmol/mol	
Lipids Total-C Trig HDL-C LDL-C	_____ _____ _____ _____	mmol/L	
Microalbuminurea		Mg/L	
Alb/Creat Ratio (ACR)		Mg/mmol/L	
eGFR		mL/min	

* Note: We do not require a GPMP/TCA to accept patient referrals.

Name:	Signature:	Date: / /

Moorditj Djena - East Metropolitan Health Service
Telephone: (08) 9278 9922
Email: moorditjdjena@health.wa.gov.au