PDC Health Hub & Perth Diabetes Care
Referral Form

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Healthlink ID: pdcallie
E: admin@pdchealthhub.com.au
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PATIENT DETAILS	
NAME	
DOB	
ADDRESS	
PHONE	(H) (M)

Referring Doctor/Pharmacy	
NAME	
ADDRESS	
PHONE	

Reason for Referral	
☐ Diabetes Educator	☐ Type 1 Diabetes/LADA ☐ Type 2 Diabetes ☐ New to insulin ☐ Gestational diabetes ☐ Diabetes in Pregnancy ☐ Insulin Pump Start/Upgrade ☐ Continuous Glucose Monitor Start
☐ Accredited Practising Dietitian	☐ Diabetes Management ☐ Gastrointestinal Issues Eg: FODMAPs, IBD, Coeliac Disease, Diverticulitis ☐ Carbohydrate Counting ☐ Weight Management/Bariatric Surgery Prep ☐ Other:
☐ Podiatrist	☐ Diabetes Assessment ☐ Orthotics ☐ Nail Surgery ☐ Wound management ☐ Other
☐ Accredited Exercise Physiologist	☐ Individual Assessment ☐ Group programs ☐ Strength for life (Level 1) ☐ Workers compensation/rehab ☐ Exercise Right for Active Ageing (Registration before 31st August 2021) ☐ Other:
☐ Physiotherapist	☐ Musculoskeletal conditions ☐ Acute Injury ☐ Dry Needling ☐ Workers Compensation/Rehab ☐ Other:
☐ Psychologist	☐
☐ Accredited Pharmacist (HMR's)	☐

----Please include a copy of the patient's care plan and any extra medical history if applicable ----

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Insulin Authorisation Form

<table>
<tr><th colspan="5">Insulin Stabilisation Form</th></tr>
<tr><td>Patient Name:</td><td colspan="4"></td></tr>
<tr><td>DOB:</td><td colspan="4"></td></tr>
<tr><td>Referring Doctor:</td><td colspan="4"></td></tr>
<tr><td>Type of Diabetes</td><td>□ Type 1</td><td>□ Type 2</td><td>□ Gestational</td><td>□ Other</td></tr>
<tr><td>Current Insulin Administration Method</td><td colspan="2">□ Injections</td><td colspan="2">□ Insulin Pump</td></tr>
<tr><th colspan="5">Insulin Therapy Order</th></tr>
<tr><td>Name Of Insulin</td><td>Starting or current dose</td><td colspan="3">Frequency of administration Eg: Once daily, Twice Daily, tds</td></tr>
<tr><td></td><td></td><td colspan="3"></td></tr>
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<tr><td></td><td></td><td colspan="3"></td></tr>
<tr><th colspan="5">Target Blood Glucose range</th></tr>
<tr><td>Fasting</td><td></td><td>Other</td><td colspan="2"></td></tr>
<tr><td>Size of unit adjustment with each titration Eg: 2 units</td><td colspan="4"></td></tr>
<tr><td>Adjust every</td><td>____________</td><td>Day(s)</td><td>____________</td><td>Week(s)</td></tr>
<tr><td>Other glucose lowering therapies to continue.</td><td colspan="4"></td></tr>
<tr><td>Relevant factors to consider</td><td colspan="4">Eg: Hypo unaware, recent DKA</td></tr>
<tr><th colspan="5">Case Management for patient using insulin therapy</th></tr>
<tr><td colspan="4">I authorise PDC Credentialled diabetes educator to adjust insulin doses are per the above guidelines</td><td></td></tr>
<tr><td colspan="4">I authorise PDC CDE to teach self-management of ongoing insulin dose adjustment as per the above guidelines</td><td></td></tr>
<tr><td colspan="4">I authorise PDC CDE to adjust insulin to carbohydrate ratios and insulin sensitivity factors where applicable</td><td></td></tr>
<tr><td colspan="4">I authorise PDC CDE to commence and adjust a bolus calculator if indicated</td><td></td></tr>
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Prescribers Signature	Date