

# PDC Health Hub & Perth Diabetes Care

## Referral form for Specialists



www.pdchealthhub.com.au  
P: 08 6110 0570

Patient details			
NAME			
PHONE		D.O.B	

Reason for Referral			
Diabetes Educator	<input type="checkbox"/> Type 1 Diabetes/LADA <input type="checkbox"/> Type 2 Diabetes <input type="checkbox"/> Pre-diabetes <input type="checkbox"/> New to insulin <input type="checkbox"/> Insulin adjustments	<input type="checkbox"/> Complication screening <input type="checkbox"/> Gestational Diabetes <input type="checkbox"/> Pre-existing Diabetes in pregnancy <input type="checkbox"/> Non-insulin injectables <input type="checkbox"/> Plans surrounding illness, travel and driving	<input type="checkbox"/> Insulin pump start/upgrade and ongoing support <input type="checkbox"/> CGM (Continuous Glucose Monitor) start
Accredited Practising Dietitian	<input type="checkbox"/> Diabetes support <input type="checkbox"/> Gastrointestinal Issues e.g.: FODMAPs, IBD, Coeliac Disease, Diverticulitis	<input type="checkbox"/> Carbohydrate counting <input type="checkbox"/> Weight loss <input type="checkbox"/> Food intolerances and allergies <input type="checkbox"/> Heart health – e.g.: high BP, cholesterol	<input type="checkbox"/> PCOS <input type="checkbox"/> Low carb strategies <input type="checkbox"/> Meal plans <input type="checkbox"/> Weight management/ bariatric surgery prep <input type="checkbox"/> Other:
Senior Podiatrist	<input type="checkbox"/> Diabetes foot assessment <input type="checkbox"/> Corns, calluses or cracked heels <input type="checkbox"/> Thick and ingrown toenails	<input type="checkbox"/> Fungal nail treatment <input type="checkbox"/> Custom orthotics <input type="checkbox"/> Footwear advice and education <input type="checkbox"/> Plantar warts <input type="checkbox"/> Nail surgery	<input type="checkbox"/> Assessment of ankle, leg and foot pain <input type="checkbox"/> Children's foot problems <input type="checkbox"/> Other:
Accredited Exercise Physiologist	<input type="checkbox"/> Individual assessment <input type="checkbox"/> Group programs <input type="checkbox"/> Strength for life (Level 1) <input type="checkbox"/> Type 2 Diabetes group exercise classes	<input type="checkbox"/> Respiratory conditions <input type="checkbox"/> Monitored gym sessions <input type="checkbox"/> Cardiac rehabilitation <input type="checkbox"/> Injury management <input type="checkbox"/> Workers compensation/rehab	<input type="checkbox"/> Pain management <input type="checkbox"/> Women's health classes <input type="checkbox"/> Falls prevention <input type="checkbox"/> Pre and post-natal fitness classes <input type="checkbox"/> Other:
Physiotherapy	<input type="checkbox"/> Musculoskeletal conditions <input type="checkbox"/> Acute injury <input type="checkbox"/> Injury management	<input type="checkbox"/> Sport injury management <input type="checkbox"/> Pain management <input type="checkbox"/> Workers Compensation/rehab	<input type="checkbox"/> Group exercise classes <input type="checkbox"/> Dry needling <input type="checkbox"/> Soft tissue release <input type="checkbox"/> Other:
Psychologist			
Main reason for referral			

**\*\* If possible, please include a copy of their last clinic letter \*\***

Please email to [admin@pdchealthhub.com.au](mailto:admin@pdchealthhub.com.au) or fax to 9355 5718 and we will contact the patient for an appointment.

PDC offer a range of billing options. Please contact our admin team to discuss options if required.



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Insulin Stabilisation Form			
Current Insulin administration method	<input type="checkbox"/> Injections		<input type="checkbox"/> Insulin Pump
Insulin therapy order			
Name of Insulin	Starting or current dose	Frequency of administration E.g.: Once daily, twice Daily	
Target Blood Glucose range			
Fasting		Other	
Size of unit adjustment with each titration E.g.: 2 units or % basal rate change			
Adjust every		Day(s)/Week(s)	
Other glucose lowering therapies to continue			
Case management for patient using insulin therapy			
I authorise PDC Credentialed diabetes educator to adjust insulin doses as per the above guidelines			
I authorise PDC CDE to teach self-management of ongoing insulin dose adjustment as per the above guidelines			
I authorise PDC CDE to adjust insulin to carbohydrate ratios and insulin sensitivity factors where applicable			
I authorise PDC CDE to commence and adjust a bolus calculator if indicated			
Prescribers stamp/details	Prescriber signature	Date	

**\*\*This referral is valid for 12 months\*\***

