

## Community Support Services Referral Form

<b>Referrer Name:</b>  <b>Place of Practice:</b> <b>Date of referral:</b>	Do you have client permission to share this information? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> (Please obtain before proceeding)	<b>Diagnosis:</b> <input type="checkbox"/> <b>Type one</b> <input type="checkbox"/> <b>Type two</b> <input type="checkbox"/> <b>Pre-diabetes</b> <input type="checkbox"/> <b>Other</b>
<b>Name of Client:</b>   <b>Whanau Contact:</b>	<b>DOB:</b> <b>Age:</b> <b>Iwi/Ethnicity:</b>  <b>Usual GP:</b>	<b>Address:</b>   <b>Phone No.</b>   <b>Email:</b>   <b>NHI:</b>
<p><b>Relevant Clinical Information:</b> (i.e. HbA1c, date of diagnosis, medications, BMI, blood pressure, lipids, urine micro albumin/eGFR, (ACR), retinal, feet &amp; smoking status, allergies, co-morbidities). Please include or attach relevant <b>Non-Clinical Information</b> ((i.e. disability, social support, learning difficulties etc.) Please include clinical notes where possible:</p>		
<b>Reason for Referral:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Requested by client</b></li> <li><input type="checkbox"/> <b>General support</b> to manage/understand diabetes (Complete specific requests above)</li> <li><input type="checkbox"/> <b>Follow up</b> to underpin GP/Nurse input</li> <li><input type="checkbox"/> <b>Advocacy/Counselling Services</b></li> <li><input type="checkbox"/> <b>Info re:</b> other diabetes services /programmes</li> <li><input type="checkbox"/> <b>Info re:</b> joining Diabetes Help Tauranga</li> <li><input type="checkbox"/> <b>Info re:</b> local diabetes network/support groups</li> <li><input type="checkbox"/> <b>Support/Info</b> for whanau/friends</li> <li><input type="checkbox"/> <b>Clinical Education</b> for carers/nurses</li> <li><input type="checkbox"/> <b>Other</b> (please describe above)</li> </ul>	<b>Areas of Concern:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Micro/macrovascular complications</li> <li><input type="checkbox"/> Insulin/medication administration</li> <li><input type="checkbox"/> Blood glucose monitoring</li> <li><input type="checkbox"/> Lifestyle Choices</li> <li><input type="checkbox"/> Medication adherence</li> <li><input type="checkbox"/> Hypo management</li> <li><input type="checkbox"/> Hyperglycaemia/sick day management</li> <li><input type="checkbox"/> Other (as above)</li> </ul>	
<p><b>Please post, fax, or email completed referrals - details above</b></p>		<p>All information is held in full confidence as per the Privacy Act (1993), Health Information Privacy Code (1994), Health &amp; Disability Code (1996), Health Practitioner Competence Act (2003) &amp; Health &amp; Safety at Work Act 2016</p> <p>This information is privileged. If you are not the intended recipient, please inform Diabetes Help Tauranga (DHT) immediately, &amp; destroy this document. DHT is not responsible for any illegal changes made to this document.</p>