

- Dr Ann Poynten
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PATIENT'S NAME:.....

DOB:.....**YEAR OF DIAGNOSIS:**.....

ADDRESS:.....**T1DM [] T2DM [] GDM []**

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MEDICARE/DVA NO:.....

This Patient is Referred to:

- New Patient Clinic
- Diabetes Follow Up Clinic
- Type I Diabetes Clinic
- High Risk Foot Clinic
- Dietitian
- Diabetes Education

Test	Date	Results (if known)
HbA _{1c}		
Total Cholesterol		
Triglycerides		
HDL		
LDL		
Serum Creatinine		
Alb/Creatinine Ratio		

Relevant Medical History

- Retinopathy
- Foot Ulcer
- Hyperlipidaemia
- Obesity
- Hypertension
- Neuropathy
- Renal Disease
- Vascular disease
- Other.....

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GP Name:.....

Address:.....

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Signed:

Date:

Current Medication

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