Nepean Diabetes Service - Young Adults Clinic 2

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Patient Referral, Young Adults Clinic **SECTION 1: Patient Details** Name: Address: Date of Birth: _____/____ _____ Phone: _____ Email: Medicare No: NOK/Carer Name: _____ Relationship: _____ Phone: _____ Is patient of Aboriginal or Torres Strait Islander Origin? ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal & Torres Strait Islander ☐ Yes, Aboriginal □ No □ Prefer not to answer SECTION 2: Clinic Referral - All our specialists bulk bill directly to Medicare ☐ Dr Kris Park – Endocrinologist (or other endocrinologist) ☐ General Clinic (any available practitioner) Date of referral: _____/___/___ Is an indefinite referral: \square No \square Yes (Note: New referral must be completed if patient's condition changes) **SECTION 3: Referral Information Referring Doctor:** Name/Provider Number: _____ Practice/Position: ___ Date: _____/____ Signature: _____ Fax: _____ Phone: **SECTION 4: Medical History** Diabetes diagnosis: ☐ Type 1 ☐ Type 2 Current Diabetes Medication Before Breakfast Before Lunch Before Dinner Before Bed Other medical conditions: _____ Non-diabetes medications: Comments/problems: _____ SECTION 5: Triage (HOSPITAL USE ONLY) Referral triaged: ___/___ by: ____ □ Registrar/Resident Appointment made: ____/___/ Entered in iPM: _____ by: _____

NBMA-079 20250217 Page 1 of 1