

# SELF Referral Form – Diabetes

**PATIENTS:** You must bring this referral form with you to your appointment with the Exercise Physiologist for your initial consultation. Phone the Lifestyle Clinic on (02) 9385 3352 to arrange your appointment as soon as possible...OR  
**GP:** Please fax this referral form to (02) 9385 3195 after completing the information below.

Patient's surname: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (work): \_\_\_\_\_ (A/H or Mobile): \_\_\_\_\_ Gender: M / F DOB: \_\_\_\_\_

Please send a report to my treating doctor

## GP TO COMPLETE THIS SECTION:

### 1. MEDICATIONS:

a) Management method:  Diet only  Oral Medication  Oral hypoglycaemic agents  Insulin

b) I have notified patient that exercise can cause hypoglycaemia in patients on OHAs / Insulin:  Yes  No

c) Please list or attach a list of all current medications (can be printed from patient management software) :

### 2. HISTORY:

a) Does the patient have episodes of hypoglycaemia?  No  Yes →  Moderate \*  Severe △

\* Moderate - requires immediate carbohydrates △ Severe - person has been unable to assist themselves

b) If 'Yes', estimate date of last severe hypoglycaemic event: \_\_\_\_\_

c) Please list any comments you wish to add regarding patient's glycaemic control:

### Does the patient have a history of any of the following?

- Coronary artery (heart) disease  Peripheral vascular disease (claudication)  
 Cerebrovascular disease (TIA, stroke)  Foot problems (poor circulation, ulcer, etc)  
 Nerve disease (peripheral/autonomic neuropathy)  Eye Disease (Retinopathy / Maculopathy)  
 Other (please provide details): \_\_\_\_\_

Date of most recent bloods test: \_\_\_\_/\_\_\_\_/\_\_\_\_ HbA1c: \_\_\_\_\_ Triglycerides: \_\_\_\_\_

Total Cholesterol: \_\_\_\_\_ HDL: \_\_\_\_\_ LDL: \_\_\_\_\_ Blood Pressure: \_\_\_\_/\_\_\_\_

GP's Name: \_\_\_\_\_ GP's Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

For clarification on any matter please contact the Lifestyle Clinic on: (02) 9385 3352

### EXCLUSION CRITERIA:

**Cardiac:** Uncontrolled hypertension (eg BP 170/100 or higher) • Recent onset/unstable angina pectoris • Recent unexplained or uninvestigated chest pain or exertional dyspnoea • Aortic stenosis or uninvestigated systolic murmurs • Moderate or severe CCF • Postural hypotension >20mmHg • Uncontrolled arrhythmia • Uncontrolled sinus tachycardia (>120 beats/min) • 3° heart block (without pacemaker) • Active pericarditis or myocarditis • Myocardial infarction or coronary intervention (eg stenting or CABG <3mths ago) • Cardiomyopathy - suggest inclusion only on consultation with cardiologist • Other Pacemaker or valve replacement patients - on advice of cardiologist only.

**Other:** End-stage renal failure • Acute systemic illness or fever • Recent pulmonary embolism (<6mths since diagnosis) • Thrombophlebitis • Uncontrolled diabetes (random BSL's consistently >20) • Orthopaedic conditions that would prohibit exercise • Acute Metabolic disorders eg acute thyroiditis, hypokalaemia, hypovolaemia, hyperkalaemia • Stroke or TIA <3 mths ago.

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