# General Practice Referral Form

## Patient details

Referral Date / /

Name

Address

State Postcode

Phone

Email

DOB Gender

Country of birth

Cultural background

Does your patient speak English? Yes No

What is the main language spoken at home?

Aboriginal or Torres Strait Islander descent? Yes No

**Past medical history**

Current smoker? Yes No

Blood pressure systolic/ diastolic

Waist circumference (cm)

***Life!* program exclusion criteria:** • Diabetes • Pregnancy • Active Cancer • Cardiovascular Disease (CVD) diagnosis in the last 3 months. It is important to consider the suitability of the *Life!* program for each individual.

## Patient eligibility

Choose **one** of the following **A** or **B** or **C**:

### A

≥ 18 years and AUSDRISK ≥ 12 and BMI ≥ 25kg/m$^2$ (if patient self–identifies as being of Asian background a BMI ≥ 23kg/m$^2$ is accepted)*

AUSDRISK Score

Height (cm)

Weight (kg)

BMI

MBS items apply for a health assessment 701, 703, 705, 707, 715

### B

45 years or over, or ≥ 30 years and of Aboriginal and/or Torres Strait Islander descent and have an Absolute Risk score of ≥ 10% when referred by a GP clinic.

CVD risk score

The following time-based MBS item applies for a heart health check: 699,177

### C

≥ 18 years with one or more of the following pre-existing conditions (Please tick ✓ and document)

- Cardiovascular Disease*
- Chronic Kidney Disease
- Polycystic Ovary Syndrome
- Gestational Diabetes
- Pre-diabetes (IFG or IGT)
- Familial Hypercholesterolemia
- Serum total cholesterol > 7.5mmol/L (initial reading)
- Syst BP of ≥ 180 mmHg or Diast BP ≥110mmHg (reading)

*For further information or clarification, please refer to the definitions page.

## Referrer details

Name

Clinic

Address

State Postcode

Phone

Fax

Email

**Completing the referral – ✓ tick to confirm**

- Yes, patient consents to be enrolled in the program
- Blood pathology report within 12 months of referral date*
  - Fasting blood glucose
  - Lipid Profile (TC/TRIG/HDL/LDL)
- Completed AUSDRISK form is using criteria A
- Diabetes excluded*
- Yes, patient is happy for *Life!* to contact them for research or about their experience in the program.
- Yes, patient is happy for *Life!* to contact them to discuss participation in social marketing activities.

* For further information or clarification, please refer to the definitions page.

By signing this form, you agree that you have explained to your patient and, in your opinion, they understand that Diabetes Victoria collects their personal information for the purposes of *Life!* program registration, administration, participation, monitoring and evaluation.

**Signature**