

PATIENT DETAILS			
Patient Name		DOB	
Address		Referral Date	
Phone		Medicare No.	
Email		DVA No.	
Interpreter Required	☐ Yes ☐ No	NDSS No.	
Emergency Contact		Contact Phone	

REFERRING PRACTITIONER			
Doctor		Practice	
Provider No.		Phone	
Signature		Date	

REASON FOR REFERRAL	
☐ Newly Diagnosed	☐ CGM Review
☐ Type 1 Diabetes	☐ Medication Optimisation
☐ Type 2 Diabetes Review	☐ Weight Management
☐ Prediabetes	☐ Lifestyle Education
☐ Gestational Diabetes	☐ Diabetes Technology
☐ Insulin Initiation	☐ Hypoglycaemia
☐ Insulin Titration	☐ NDSS Registration
☐ CGM Start	☐ Other

CLINICAL INFORMATION	
Relevant Medical History	
Current Medications	

Recent HbA1c / Pathology	
Reason for Referral / Clinical Notes	
Goals / Special Requests	

REFERRAL TYPE
☐ GP Management Plan (CDMP)
Number of Requested Visits: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ DVA: (up to 12 sessions per year)
☐ Private

ADDITIONAL NOTES / ADMINISTRATION
Preferred Appointment Details
Administrative Notes

Terms and Conditions

- **Chronic Disease Management (CDM):** Patients referred under a valid GP Management Plan and Team Care Arrangement are eligible for Medicare rebates in accordance with current Medicare guidelines.
- **Medicare Rebates & Annual Limits:** Medicare provides a limited number of allied health visits per calendar year. It is the responsibility of the referring practice to confirm eligibility.
- **Out-of-Pocket Fees:** An out-of-pocket fee may apply where consultation fees exceed the Medicare rebate. Patients will be informed of any applicable fees prior to their appointment.
- **Private Consultations:** Patients attending without a valid GP referral will be charged the full private consultation fee. No Medicare rebate will apply.
- **Cancellation Policy:** A fee may apply for cancellations made with less than 24 hours' notice.
- **Privacy & Confidentiality:** All patient information is managed in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles.
- **Clinical Reporting:** A written report will be provided to the referring GP following consultation.

 Please send completed referrals to: Consults@glucare.com.au