

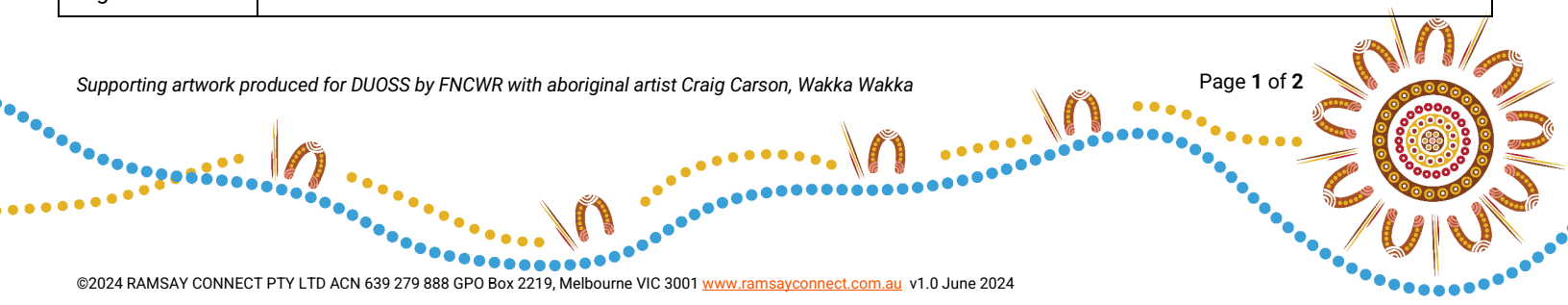
# Diabetes Using Our Strengths Service Referral Form

Phone 1300 131 186 | Email [virtualcare@ramsayconnect.com.au](mailto:virtualcare@ramsayconnect.com.au)

[Please note that \* indicates a mandatory field]

PROGRAM ADMISSION CRITERIA			
<p><b>Inclusion Criteria*</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Identifies as Aboriginal and/or Torres Strait Islander</li> <li><input type="checkbox"/> Informed consent to participate</li> <li><input type="checkbox"/> Diagnosis of type 2 diabetes (T2DM)</li> <li><input type="checkbox"/> Aged 50 years or older <i>(A request to AH&amp;MRC to revise the "aged 50 years old or more" inclusion criteria to "above 18 years old" is currently being submitted)</i></li> <li><input type="checkbox"/> Receiving homecare services from Aboriginal Home Health, or referred from a community health professional</li> <li><input type="checkbox"/> Able to understand and communicate in basic English</li> <li><input type="checkbox"/> Would benefit from community-based self-management support and remote patient monitoring to improve long term health outcomes</li> <li><input type="checkbox"/> Can use a smartphone or tablet to enter health information into an application and complete video or phone calls with DUOSS staff and clinicians</li> <li><input type="checkbox"/> Have sufficient mobile reception and/or wifi at their residence (Please note that all equipment, including measurement devices and a tablet with a 5G data SIM card can be provided to Elders if required)</li> </ul>		<p><b>Exclusion Criteria*</b></p> <p><i>If unsure of any of the exclusion criteria below, please phone the DUOSS team to discuss the referral. The DUOSS team will review all referrals for clinical suitability prior to accepting the patient.</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> None</li> <li><input type="checkbox"/> Patients with end stage renal failure (eGFR &lt;30) <i>Explanatory note: Patients on dialysis will not be suitable, otherwise the DUOSS team will follow up the eGFR once referral received.</i></li> <li><input type="checkbox"/> Patients with cognitive impairment <i>Explanatory note: Patients who do not have enough cognition and memory to actively participate in the service will not be suitable.</i></li> <li><input type="checkbox"/> Patients for palliative care <i>Explanatory note: Patients who are receiving palliative or end of life care will not be suitable.</i></li> </ul>	
<p>Comments:</p>			
PATIENT DETAILS			
First Name*		Surname*	Preferred Name
Date of Birth*		Contact Number*	
Address*		Suburb*	
State*		Postcode*	
Email		URN (Aboriginal Home Health customers only)	
NEXT OF KIN DETAILS			
Name*		Contact Number*	
Relationship*			
GP DETAILS			
First Name*		Last Name*	
Contact Number*		Email	
Organisation*			

Supporting artwork produced for DUOSS by FNCWR with aboriginal artist Craig Carson, Wakka Wakka



REFERRER DETAILS			
First Name*		Last Name*	
Phone*		Email*	
Organisation			
Referrer role*		Referrer signature*	
PAST MEDICAL HISTORY		OTHER RELEVANT INFORMATION	
REFERRAL ATTACHMENTS			
Please attach any associated documentation to the referral form			

Please email the completed referral form to [virtualcare@ramsayconnect.com.au](mailto:virtualcare@ramsayconnect.com.au)

**CONTACT US:**

If you have any questions please call 1300 131 186

**Reset Form**

Supporting artwork produced for DUOSS by FNCWR with aboriginal artist Craig Carson, Wakka Wakka

