



ACT Health
**Diabetes Vision Screen and
 Foot Assessment Referral Form**

Complete details or affix label

UR Number: _____

Family name: _____

Given names: _____

DOB: _____ Gender: _____

Patient Details

Given names: _____

Family name: _____

Date of birth: _____

Address: _____

Contact number: _____

Referrer Details

Referrer name: _____

Practice name: _____

Contact number: _____

Referrer profession:

- Endocrinologist GP AH Professional Nursing ACT Diabetes Service Staff
 Other: _____

Referral

Please tick which service is required

Diabetes Vision Screen

Exclusion Criteria – Eye screen

- Clients already under the care of an Optometrist/Ophthalmologist
- Known diabetic eye disease
- Previous laser treatment for diabetic eye disease

Diabetes Foot Assessment

Exclusion Criteria – Foot screen

- Clients already under the regular care of a podiatrist
- Known high risk foot/previous amputation

Contact Information

- Location:
 - Belconnen Community Health Centre (BCHC - Lathlain Street Belconnen)
 - Tuggeranong Community Health Centre (TCHC – Anketell Street Tuggeranong)
 - Gungahlin Community Health Centre (GCHC – Ernest Cavanagh Street Gungahlin)
- Patients may be referred for one or both services (vision &/or foot screen)
- Please **FAX** patient referral to CHI fax: **6205 2611**
- Patient to bring referral to appointment

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