

Julette Kentish APD / AN

Diabetes CHECK-LIST

1. Organise your Diabetes Assessment visit with your GP.

This will include a thorough medical check-up and blood tests to screen for possible problems early. It will include a check on your nerve response, circulation, kidney, liver and heart functions (including cholesterol-blood fats and possibly an ECG). You will also need to discuss your target levels for your blood glucose (sugar), blood pressure, and exercise. You may wish to discuss with your GP other health concerns (such as problems with your feet, anxiety or stress, sexual functions,) as there may be treatment available to help.

2. NDSS registration – by your GP

The National Diabetes Services Scheme assists people with diabetes by providing subsidy for testing strips, lancets & insulin devices. Registration is free, lasts a lifetime and is managed by Diabetes Australia. Many pharmacies are NDSS subagents and supply people who are registered with suitable products – you will need to show them your NDSS card to receive a discount. This card does not discount your medications.

3. Driver's License & Car insurance

Under "Jett's law" all people with diabetes who drive need to have their GP complete relevant forms for Queensland Transport. These forms will need updating at diagnosis, when you start or change medication or if you have blood glucose levels or complications that affect your ability to drive safely. You will need to check with your insurance carrier whether they require you to disclose your diabetes to validate your policy.

4. Ask to be referred to other diabetes team members to help you understand and manage your diabetes

Diabetes Educator – review various diabetes issues, discusses medications, BG testing etc. You can ask to see one under the EPC plan if desired. A diabetes educator should be able to answer general healthy eating queries but can not provide you with MNT.

Podiatrist – Assesses and helps you care for your Feet (circulation & nerve sensation). They are part of the EPC plan if required.

Options for Dietitian Services

- See PRIVATELY – claiming against Private Health Insurance if you have it. Check your policy covers this if you are dependent on this for payment.
- See PRIVATELY but under a MEDICARE EPC/TCA Plan as devised with your GP. Medicare will cover part of the payment (**rebate \$48.75**) to see an APD (see fees & charges information listed below).
- Ask to be redirected to an outpatient service run by Queensland Health such as community health or hospital dietitian clinic. There are no fees associated with these providers.
- If you have a DVA-GOLD card and your GP has referred you – DVA will cover the costs of your visits to the dietitian. The dietitian bills them directly.

FEES & CHARGES

New visits: \$80 Review visits: \$65

Extended visit or couples/families with one referred condition: \$120

EPC new visit - \$65 EPC Review - \$60

Pensioner or under 18 (regardless of EPC status) – New visit \$60 / Review \$55

DVA Gold – charged direct to DVA

HOME VISITS & SHOPPING TOURS are available. Discuss with the dietitian for more information.

There is no HICAPS or Medicare direct bulk-billing currently available for the DIETITIAN service. All fees must be paid up-front.

New visits take approximately 45-55mins and for Review visits allow 15-25mins. Arrive five minutes earlier than your appointment time if possible. The dietitian tries to keep to time but occasionally other patients require more input than has been scheduled.

Phone: 0400 397 433 for appointment availability

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Optometrist/Ophthalmologist – Assesses and monitors your vision. DO NOT get glasses if your BG levels have been high. Wait until they have settled for a few weeks. High BG levels affect vision and may make things appear more blurry than usual. This tends to settle once the BGL return to normal. See every 1-2 years for screening. This is different to needing glasses as they check the backs of your eyes.

Psychologist – If you are feeling stressed, have difficulty coping or being motivated to make changes to your lifestyle, or simply find it hard to adjust to issues around diabetes or everyday life – seeing a psychologist can help. You are eligible to see a psychologist under an EPC and also a separate agreement where Medicare contributes to the payment for services. You are entitled to 6-12 visits once your GP has referred you.

5. Contact Diabetes Australia – Queensland

DA-Q is a member based organization that manages the NDSS. DA-Q holds information and awareness days & education expos across the that help you manage your diabetes better. DA-Q has 4-5 shop-fronts in Brisbane (website also available). DA-Q stocks a range of diabetes products including BG meters, books and information fact sheets on a variety of topics as well as a help-line run by diabetes educators, dietitians and counselors. They do not operate an assessment or clinical service. Membership is discounted for pensioners and may be claimed from some private health insurance policies along with your BG meter if you choose to use one.

6. Carers Allowance

Discuss with the GP whether a Carers Allowance (especially for children with diabetes) is likely to be available to help you and your family manage the care of Diabetes.

OTHER QUESTIONS

How often should I be checked by my GP?

Your screening blood tests should be done every 3-6 months. You should visit your GP more regularly if your diabetes control, blood pressure or cholesterol is not meeting targets. You should see the GP every 12 months just for your diabetes and to discuss other issues such as a flu-jab etc.

How often do I need to see the dietitian?

A dietitian translates scientific research into meaningful food advice. A dietitian is trained in MNT (Medical Nutrition Therapy) and can review your medical history and provide information about your individual health and dietary needs. There is no hard rule about how often you should see a dietitian. Some people require more frequent – fortnightly or monthly visits if diabetes and weight goals are being monitored or treatment has been changed. It has been recommended that you see a dietitian at diagnosis, at 3, 6 & 9 or 12 months in the first year. This is to ensure you have received as much information as required to help you make dietary adjustments and understand your condition. If you need to start medication or if you have been diagnosed with another condition/have a complication, or if you find weight loss or gain difficult – it may be time to be re-referred back. Discuss your concerns with the dietitian and plan the frequency of your visits with her. *Your dietitian may advise you on: How and why different foods affect your blood glucose, cholesterol and blood pressure – and why it is important to keep an eye on this. How to read food labels and cook suitable meals. How to select healthier foods when eating out, travelling or shift-work. How to eat for a healthy growth pattern/weight management/pregnancy/planning a pregnancy etc. What are hypos – and how do you treat them?*