

Health Professional Details

| | |
|---------------|-------------|
| Contact Name: | |
| Profession: | |
| Organisation: | |
| Address: | |
| Phone Number: | Fax Number: |
| Email: | |

Patient Details

| | | | | |
|--|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|
| Name: | | | | |
| Address: | | | | |
| Preferred Phone Number: | (hm): | (wk): | (mb): | |
| Age: | Gender: (please tick) | <input type="checkbox"/> Female | <input type="checkbox"/> Male | |
| When is the best time and day for the Get Healthy Information and Coaching Service [®] to call? (please tick) | | | | |
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> am | <input type="checkbox"/> pm | | | |

Primary issue for referral:

| | | |
|---|--|--|
| <input type="checkbox"/> Healthy eating | <input type="checkbox"/> Physical activity | <input type="checkbox"/> Weight Management |
|---|--|--|

Body measurements:

| | | | | | |
|--------------------------------|----|-------------------|----|---------|----|
| Waist circumference (current): | cm | Weight (current): | kg | Height: | cm |
|--------------------------------|----|-------------------|----|---------|----|

Medical history/other relevant issues:

Health Professional Signature:

Signature: _____ Date: _____

Patient Consent and Signature:

I consent to this information being sent to the Get Healthy Information and Coaching Service[®], and consent for the Service staff to call me at a time that has been suggested on this form.

Signature: _____ Date: _____

Information about the Get Healthy Service

The *Get Healthy Information and Coaching Service*[®] has been designed to help you make some lifestyle changes regarding:



- **Healthy eating**
- **Physical activity**
- **Achieving and maintaining a healthy weight**

At some stage in our lives most of us would like to eat healthier, be more physically active and lose some weight. However making these changes can be difficult.



At the *Get Healthy Service* qualified health coaches help you develop personal health goals and create an action plan to make your goals become a reality.



Your personal *Get Healthy* coach will support you to develop and maintain motivation, identify problem areas and create solutions for successful lifestyle change.

As a participant of the *Get Healthy Service*, you will receive up to 10 telephone-based coaching calls over six months.



Your *Get Healthy* coach will **ring you** at times that suit you. You can also receive emails and other reminders, and be provided with access to a secure website. On the website you can keep track of your goals with daily logs and get tips and other tools to help you keep an eye on your progress. The Service will also send you support materials.

The *Get Healthy Information and Coaching Service*[®] operates five days a week, Monday to Friday during the hours of 8am – 8pm.

It's free and confidential.