Medical practitioner referral

Fields marked with * are mandatory. Please send the completed form to the NSW Get Healthy Service by: email to contact@gethealthynsw.com.au or fax 1300 013 242. For more information call 1300 806 258

Medical practitioner details (Please print or stamp)

Practice stamp

Name*

Profession/speciality

Organisation/hospital*

Postcode* Phone number*

Email*

Feedback letters: all feedback letters will be sent to the above email address.
If you require feedback letters via post, please provide your postal address

Please check if you do not wish to receive feedback letters ☐

Patient details (Please print or affix patient sticker)

Name*

Date of birth* Postcode*

Phone number*

Email

Address

Is an interpreter required?* No ☐ Yes ☐

Language

Alt. phone number

Aboriginal and/or Torres Strait Islander origin?*

No ☐
Yes, Aboriginal ☐
Yes, Torres Strait Islander ☐
Yes, both Aboriginal and Torres Strait Islander ☐

Is your patient pregnant?* No ☐ Yes ☐

Preferred call time: AM ☐ PM ☐

The Service will call your patient within 5 working days upon receipt of a completed referral.
If a mobile phone number has been provided on this referral form, your patient will receive a welcome SMS ahead of this call.

Current body measurements: (Optional)

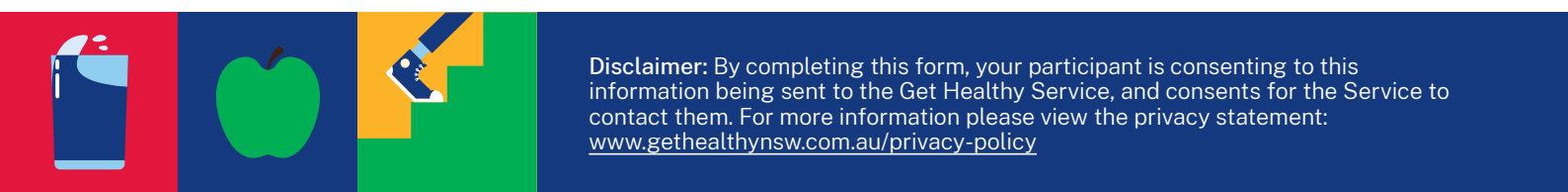
Waist circumference (cm) _____ Weight (kg) _____ Height (cm) _____

If pregnant: Pre-pregnancy weight (kg): _____ Gestational age (wks): _____

Primary reason for referral (Please select all that apply)

☐ Weight management ☐ Healthy eating ☐ Alcohol reduction

☐ Physical activity ☐ Diabetes prevention ☐ Alcohol abstinence in pregnancy ☐ Cancer



Disclaimer: By completing this form, your participant is consenting to this information being sent to the Get Healthy Service, and consents for the Service to contact them. For more information please view the privacy statement: www.gethealthynsw.com.au/privacy-policy

Medical practitioner referral form

For cancer patients only

Where is the patient in their cancer journey? (Please select one)

☐ Pre-treatment ☐ Active treatment ☐ Survivorship (post-treatment)

Criteria: (Assessment of inclusion and exclusion criteria is not required for people in survivorship)

Inclusion criteria

Expected to remain or improve with support. Please select at least one of the top 3 options.

☐ ECOG score 0 – 2 ☐ Karnofsky score 70 – 100

☐ Outside criteria but deemed clinically appropriate for participation

To be eligible for the program, your patient must be (select both to confirm eligibility):

☐ Able to walk 100 meters without significant pain

☐ Likely to remain able to exercise or improve exercise ability over the next 6 months

Exclusion criteria

☐ Unstable chronic heart disease or chronic obstructive pulmonary disease (COPD)

☐ Currently pregnant

☐ Extensive hospitalisation planned or expected

☐ Recent surgery, unless certified as able to start a graded exercise program by a medical practitioner

General comments

Please describe any health condition(s)/impairment which may have an impact on what the patient eats and drinks or their physical activity.

Date sent: _____

Medical safety assessment (Please select all that apply)

Please indicate if the patient is currently experiencing or has experienced any of the following:

☐ Uncontrolled asthma ☐ Unstable angina/chest pain

☐ Unstable/uncontrolled COPD ☐ Decompensated heart failure

☐ Post surgery under 3 months ☐ Unexplained weight loss (> 5% in 6 months)

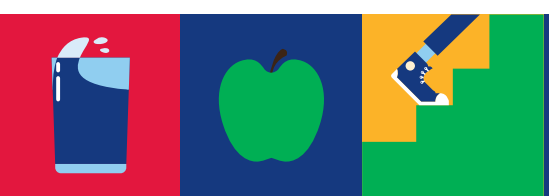
☐ Unstable hypertension (resting BP of systolic >180 or diastolic >100)

I, the medical practitioner listed above, confirm that the patient is fit to participate in the Get Healthy Service

☐ Yes, fit to participate ☐ No, not fit to participate

Signature Date

All patients are screened prior to enrolling with the service. If your patient discloses any new or worsening conditions and/or symptoms not listed above, they may be referred back for ongoing management. An updated Medical Safety Assessment may be required to assess their suitability to participate with the Get Healthy Service.



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