

HEALTH PROFESSIONAL REFERRAL FORM



Fields marked with * are mandatory.

Please send the completed form to the NSW Get Healthy Service by:

Email: contact@gethealthynsw.com.au or Fax: 1300 013 242. For more information call: 1300 806 258

Health Professional Details

Name*
 Profession*
 Organisation/Hospital*

Phone Number*
 Email*
 Address
 Suburb Postcode*
 Referral sent date

Please tick if you do not wish to receive feedback letters

Participant Details	Are you of Aboriginal or Torres Strait Islander origin? (✓)	Interpreter required? (✓)
<i>Complete/affix patient sticker below and complete columns to the right.</i>		
Name*	No	No
Date of Birth*	Yes, Aboriginal	Yes
Phone Number*	Yes, Torres Strait Islander	Language (if required):
Postcode*	Yes, both	_____
Email	Are you pregnant? (✓) No Yes	
	Preferred time for call (✓) AM PM	
Name*	No	No
Date of Birth*	Yes, Aboriginal	Yes
Phone Number*	Yes, Torres Strait Islander	Language (if required):
Postcode*	Yes, both	_____
Email	Are you pregnant? (✓) No Yes	
	Preferred time for call (✓) AM PM	
Name*	No	No
Date of Birth*	Yes, Aboriginal	Yes
Phone Number*	Yes, Torres Strait Islander	Language (if required):
Postcode*	Yes, both	_____
Email	Are you pregnant? (✓) No Yes	
	Preferred time for call (✓) AM PM	
Name*	No	No
Date of Birth*	Yes, Aboriginal	Yes
Phone Number*	Yes, Torres Strait Islander	Language (if required):
Postcode*	Yes, both	_____
Email	Are you pregnant? (✓) No Yes	
	Preferred time for call (✓) AM PM	

Disclaimer: By completing this form, the participant is consenting to this information being sent to the Get Healthy Information and Coaching Service, and consents for the Service to contact them.