get healthy
Information & Coaching Service

MAKE HEALTHY NORMAL

NSW GOVERNMENT

GENERAL PRACTICE REFERRAL

RETURN THE COMPLETED FORM TO:
Fax: 1300 013 242
or Email: contact@gethealthynsw.com.au

Simply call **1300 806 258**
www.gethealthynsw.com.au

General Practice Details (print or stamp)

☐ Doctor ☐ Practice Nurse/Registered Nurse

First Name:

Surname:

Address:

Postcode:

Phone Number:

Email:

Patient details

Please print or affix patient sticker on top

First Name:

Surname:

DOB:

Gender: ☐ Female ☐ Male

Address:

Suburb:

Postcode:

Tel. home:

Tel. mobile:

Email:

Are you pregnant? ☐ No ☐ Yes

Are you of Aboriginal or Torres Strait Islander origin?

☐ No

☐ Yes, Aboriginal

☐ Yes, Torres Strait Islander

☐ Yes, both Aboriginal and Torres Strait Islander

Is an interpreter required? ☐ No ☐ Yes

Specify language:

When is the best time to call?

☐ am ☐ pm

Primary issue for referral

☐ Physical Activity ☐ Weight Management

☐ Healthy Eating ☐ Alcohol Reduction

General comments

Please list any health conditions/impairment(s) which may affect what the patient eats or how physically active they can be:

Current body measurements (Optional)

Waist circumference (cm):

Height (cm): Weight (kg):

If pregnant:

Pre-pregnancy weight (kg):

Gestational Age (wks):

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 contact me.

☐ I understand that the General Practice named above will receive written feedback of my contact with the Service.

Signature:

Date:

GP, Practice/Registered Nurse signature:

☐ I, the health professional named above, would like feedback letters on the above patient's contact with the Service.

☐ The patient is fit to participate in the program

Name:

Signature:

Date: