

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 (Please print or stamp)

Name* _____
 Profession* _____
 Organisation/Hospital* _____
 Postcode* _____ Phone Number* _____
 Email* _____

Practice stamp

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 tick if you do not wish to receive feedback letters

Participant details (Please print or affix patient sticker)

Name*	Alt. Phone Number
Date of Birth* Postcode*	Aboriginal and / or Torres Strait Islander origin?*
Phone Number*	No
Email	Yes, Aboriginal
Address	Yes, Torres Strait Islander
	Yes, both Aboriginal and Torres Strait Islander
Is an Interpreter required?* No Yes	Is your patient pregnant?* No Yes
Language:	Preferred call time: AM PM

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

Primary Reason for Referral (Please tick one)

Weight Management	Healthy Eating	Alcohol Reduction
Physical Activity	Diabetes Prevention	Alcohol Abstinence in Pregnancy

Current body measurements: (Optional)

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

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

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