

Get Healthy Service

Referral Form

Get Healthy Cancer Support

CONSENT CONFIRMATION:

By submitting this completed form, the health professional/medical practitioner confirms that the participant has consented to this information being sent to the Get Healthy Service, and consents for the Service to contact them (verbal consent is sufficient).

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.

Patient Details (Please print or affix patient sticker)

Full Name*	Date of Birth*
Phone Number*	Postcode*
Email*	
Address*	

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.

Is an Interpreter required?* No Yes

Aboriginal and / or Torres Strait Islander origin?* No

Language: _____

Yes, Aboriginal Yes, Torres Strait Islander

Preferred time to call: AM PM

Yes, both Aboriginal and Torres Strait Islander

Primary Reason for Referral (Please tick one)

Weight Management

Healthy Eating

Cancer

Physical Activity

Diabetes Prevention

Alcohol Reduction

Current body measurements: (Optional)

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



Where is the patient in their cancer journey? (Please tick 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 all that apply:	
<input type="checkbox"/> ECOG score 0-2	<input type="checkbox"/> Karnofsky score 70-100
<input type="checkbox"/> Outside criteria but deemed clinically appropriate for participation	
<input type="checkbox"/> Able to walk 100 meters without significant pain	
<input type="checkbox"/> Likely to remain able to exercise or improve exercise ability over the next 6 months	
EXCLUSION CRITERIA	
<input type="checkbox"/> Unstable Chronic Heart Disease or COPD	<input type="checkbox"/> Currently pregnant
<input type="checkbox"/> Extensive hospitalisation planned or expected	<input type="checkbox"/> Recent surgery, unless certified as able to start a graded exercise program by a Medical Practitioner

Medical Safety Assessment by a Medical Practitioner (please tick all that apply)

If a patient has one of the below conditions and referral is still being considered, a Medical Safety Assessment is required.

- | | |
|--|---|
| <input type="checkbox"/> Uncontrolled Asthma | <input type="checkbox"/> Unstable angina / chest pain |
| <input type="checkbox"/> Unstable/uncontrolled COPD | <input type="checkbox"/> Decompensated heart failure |
| <input type="checkbox"/> Post surgery under 3 months | <input type="checkbox"/> Unexplained weight loss (> 5% in 6 months) |
| <input type="checkbox"/> High Blood Pressure (resting BP of systolic >180 or diastolic >100) | <input type="checkbox"/> None of the above |

Disclaimer: If a Medical Safety Assessment is required, a cancer care coordinator, cancer CNC, or cancer CNS must confirm that the patient is safe to participate with the patient's doctor. All of the aforementioned can sign the form if the doctor's information is supplied.

I, the Medical Practitioner, Cancer Care Coordinator, Cancer CNC, Cancer CNS, confirm that the patient is fit to participate in the Get Healthy Service.

Yes, fit to participate

Name:	Profession:
Signature:	Date:
Medical Practitioner Consulted Name:	Medical Practitioner Profession:

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.

