

# 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](mailto:contact@gethealthynsw.com.au) or fax 1300 013 242. For more information call 1300 806 258

## Medical practitioner details (Please print or stamp)

Name\* \_\_\_\_\_

Profession/speciality \_\_\_\_\_

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 check if you do not wish to receive feedback letters

## Patient details (Please print or affix patient sticker)

Name*	_____	Alt. phone number	_____
Date of birth*	_____	Postcode*	_____
Phone number*	_____	Aboriginal and/or Torres Strait Islander origin?*	_____
Email	_____		No
Address	_____		Yes, Aboriginal
			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 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 |



## 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.

