

**MEDICAL PRACTICE REFERRAL**  
RETURN THE COMPLETED FORM TO:  
Fax: 1300 013 242  
or Email: [contactqld@gethealthy.org.au](mailto:contactqld@gethealthy.org.au)



### Medical Practice Details

#### Contact (print or stamp below)

Doctor Practice Nurse/Registered Nurse

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Patient details

#### Please print or affix patient sticker on top

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Suburb: \_\_\_\_\_

Postcode: \_\_\_\_\_

Preferred phone numbers:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

DOB: \_\_\_\_\_

#### Gender:

Female

Male

#### Is an interpreter required?

No

Yes

Specify language: \_\_\_\_\_

#### When is the best time for the *Get Healthy Information and Coaching Service* to call the patient?

am

pm

### Primary issue for referral

Physical Activity

Weight Management

Healthy Eating

Alcohol Reduction

### Current body measurements

#### Optional

Waist circumference (cm): \_\_\_\_\_

Height (cm): \_\_\_\_\_

Weight (kg): \_\_\_\_\_

#### If pregnant

Pre-pregnancy weight (kg): \_\_\_\_\_

Gestational Age (wks): \_\_\_\_\_

### General comments

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

### 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 call me at a time that has been suggested on this form.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Doctor, 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: \_\_\_\_\_