get healthy
Information & Coaching Service

Simply call **13HEALTH (13 43 25 84)**
www.gethealthy.qld.gov.au

HEALTH PROFESSIONAL REFERRAL

RETURN THE COMPLETED FORM TO:
FAX: 1300 013 242 or Email: contactqld@gethealthy.org.au

Queensland Government

Referral section

Health Professional Details

Name:

Organisation/Hospital:

Address (for feedback letters):

Phone Number:

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

Current body measurements

Optional

Waist circumference (cm):

Height (cm):

Weight (kg):

If pregnant

Pre-pregnancy weight (kg):

Gestational Age (wks):

Preferred goal

☐ Physical Activity ☐ Weight Management
☐ Healthy Eating ☐ Alcohol Reduction

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

General comments

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

Feedback letters

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

Date:

QH1044 08/17