get healthy
Information & Coaching Service

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

Queensland Government

MEDICAL PRACTICE

RETURN THE COMPLETED FORM TO:
Fax: 1300 013 242
or Email: refergethealthy@health.qld.gov.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:

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