get healthy
Information & Coaching Service

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

Queensland Government

HEALTH PROFESSIONAL REFERRAL

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

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