

HEALTH PROFESSIONAL REFERRAL FORM



Fields marked with * are mandatory
Please send the completed form to the Get Healthy QLD Service by:
Email: contactqld@gethealthy.org.au or Fax: 1300 013 242

For more information: **Call: 13HEALTH (13 43 25 84) or Visit: www.gethealthy.qld.gov.au**

Health Professional 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 tick if you do not wish to receive feedback letters

Participant details (Please print or affix participant sticker)

Name*

Alt. Phone Number

Date of Birth*

Postcode*

Aboriginal and / or Torres Strait Islander origin?*

Phone Number*

No

Email

Yes, Aboriginal

Address

Yes, Torres Strait Islander

Yes, both Aboriginal and Torres Strait Islander

Is an Interpreter required?* No Yes

Is your participant pregnant?* No Yes

Language

Preferred call time: AM PM

The Service will call your participant within 5 working days upon receipt of a completed referral. If a mobile phone number has been provided on this referral form, your participant will receive a welcome SMS ahead of this call.

Primary reason for referral (Please tick one)

Weight Management

Healthy Eating

Alcohol Reduction

Physical Activity

Diabetes Prevention

Alcohol Abstinence in Pregnancy

Current body measurements: (Optional)

Waist Circumference (cm) _____ Weight (kg) _____ Height (cm) _____

If pregnant: Pre-pregnancy weight (kg): _____ Gestational age (wks): _____

General comments Please describe any health condition(s)/impairment which may have an impact on what the participant eats and drinks or their physical activity.