

**General Practice Details**

Contact (please tick):	<input type="checkbox"/> Dr	<input type="checkbox"/> Practice Nurse
First Name:		
Surname:		
Address:		
Phone Number:		Fax Number:
Email:		

**GENERAL PRACTICE  
STAMP HERE**

**Patient Details (please print)**

First Name:				Surname:			
Address:							
Preferred Phone Number:	(hm):	(wk):	(mb):				
DOB:	Gender: (please tick)		<input type="checkbox"/> Female	<input type="checkbox"/> Male			
When is the best time and day for the Get Healthy Information and Coaching Service® to call? (please tick)							
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday			
<input type="checkbox"/> am	<input type="checkbox"/> pm						

**Primary issue for referral:**

<input type="checkbox"/> Healthy eating	<input type="checkbox"/> Physical activity	<input type="checkbox"/> Weight Management
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**Other Considerations:**

Are you currently pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have there been any complications with your pregnancy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you receiving regular antenatal care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a health condition that you have had to/or are currently seeing a doctor for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please identify what the health condition/s are		
Is the condition stable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your physician prescribed regular medication for this health condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the medications been changed by your physician in the last three months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any other health condition or impairment not mentioned above (that affects how physically active you can be or what you can eat)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please identify what the health condition/s are		
Is the condition stable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had significant mental health problems that required treatment from a health professional?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the identified condition stable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Waist circumference (current):	cm	Weight (current):	kg	Height:	cm
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**NOTE - 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 General Practice named above will receive written feedback of my contact with the Service.

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

**Once you have completed the form, print and then scan and email to [gethealthy@healthwaysaustralia.com.au](mailto:gethealthy@healthwaysaustralia.com.au) or fax or post to the address above.**

**PRINT**

**GP/Practice Nurse Signature:**

- I am monitoring any medical conditions that are detailed above.

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

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

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



## Information about the Get Healthy Service

The *Get Healthy Information and Coaching Service*<sup>®</sup> has been designed to help you make some lifestyle changes regarding:

- **Healthy eating**
- **Physical activity**
- **Achieving and maintaining a healthy weight**



At some stage in our lives most of us would like to eat healthier, be more physically active and lose some weight. However making these changes can be difficult.



At the *Get Healthy Service* qualified health coaches help you develop personal health goals and create an action plan to make your goals become a reality.



Your personal *Get Healthy* coach will support you to develop and maintain motivation, identify problem areas and create solutions for successful lifestyle change.

As a participant of the *Get Healthy Service*, you will receive up to 10 telephone-based coaching calls over six months.



Your *Get Healthy* coach will **ring you** at times that suit you. You can also receive emails and other reminders, and be provided with access to a secure website. On the website you can keep track of your goals with daily logs and get tips and other tools to help you keep an eye on your progress. The Service will also send you support materials.

The *Get Healthy Information and Coaching Service*<sup>®</sup> operates five days a week, Monday to Friday during the hours of 8am – 8pm.

It's free and confidential.