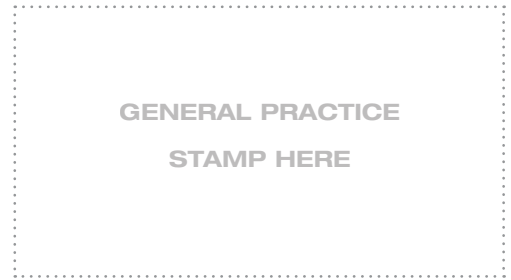


**General Practice Details**

Contact (please circle): Dr / Practice Nurse	
First Name:	Surname:
Address:	
Phone Number:	Fax Number:
Email:	



**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:**

Healthy eating
  Physical activity
  Weight Management

**Other Considerations:**

Have you been in hospital in the last 6 months for serious illness or injury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Have you fully recovered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had an injury or illness related to the heart, lungs, or brain within the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Have you fully recovered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been diagnosed with or are you currently being treated for:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Type 2 Diabetes	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> High Cholesterol
<input type="checkbox"/> Arrhythmia	<input type="checkbox"/> Angina / Ischaemic Heart Disease	<input type="checkbox"/> Unstable Asthma
<input type="checkbox"/> Emphysema	<input type="checkbox"/> Mild Stroke	<input type="checkbox"/> Multiple Sclerosis
<input type="checkbox"/> Neurological disorder (eg: Parkinson's Disease)		
Do you have a pacemaker or similar?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any physical conditions or impairments that limit how you are able to be physically active?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any special dietary requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently being treated for a mental illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Is it currently well managed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any other reasons why your doctor or practice nurse thinks you should not increase physical activity levels or change your current eating habits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you over the age of 80 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(if female) Are you currently pregnant or breastfeeding?	<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: \_\_\_\_\_

**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.