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| **Referrers Details:** |
| Date of Referral:  | Referrers Name (GP):  |
| Organisation:  | Phone Number:  |
| Does the client consent to referral? **[ ]** Yes **[ ]** No*FocusOne Health is a voluntary service and all clients must consent to and be willing to engage in services* |
| **Client Details:** |
| Name:  | DOB:  |
| Gender: | **[ ]** Male **[ ]** Female **[ ]** Other **[ ]** Not stated |
| Address: |
| Home Phone:  | Mobile:  |
| Do you identify as: **[ ]** Aboriginal **[ ]** Torres Strait Islander **[ ]** Neither |
| Country of Birth: **[ ]** Australia **[ ]** Other (please state): |
| **What does the client wish to gain from the Healthy Habits program?** |
| **Referral criteria:****[ ]** Type II diabetes **[ ]** At risk of Type II diabetes **[ ]** BMI >30 **[ ]** 2 of more CVD risk factors **[ ]** Other   |
| **Does the client have a GP Management plan: [ ]** Yes Item Number:  **[ ]** NoGPMP Review Date:  Chronic Disease(s):  EPC Details: |
| **Contraindications:**Absolute: IF ALL ITEMS ARE NOT CHECKED YOUR PATIENT IS NOT SUITABLE FOR EXERCISE **[ ]** No recent significant change in resting ECG, recent MI, unstable angina or uncontrolled arrhythmia **[ ]** No symptomatic severe aortic stenosis, uncontrolled symptomatic heart failure, myocarditis or pericarditis **[ ]** No suspected or known dissecting aneurysm, acute pulmonary embolus or infarction, acute systemic infection Relative: THESE ITEMS ARE DISCRETIONARY IF EXERCISE BENEFITS OUTWEIGH RISKS - COMMENT IF RELEVANT **[ ]** No severe hypertension (SBP>200mm Hg, DBP>110mm Hg), left main coronary stenosis, moderate stenotic heart disease **[ ]** No high-degree AV block, ventricular aneurysm, hypertrophic cardiomyopathy, tachydysrhythmia or brady dysrhythmia No electrolyte abnormalities, uncontrolled metabolic diseaseThe GP recommends this client is suitable to participate in physical activity **[ ]** Yes **[ ]** NoComments: *If in doubt a specialist opinion may be necessary before participating in the program. Please note, the Healthy Habits Care Coordinator may refer back to the GP if any contraindications arise during the program.* |
| In case of Emergency contact | Name: Relationship to client: | Phone:  |
| Client’s Signature: Date:GP Signature: Date: |