Referral Form –Allied Health Services (Metro)
360 Health + Community

Patient/Client Details			
Patient Name: DOB:			Gender: M ☐ F ☐ Other:_____
Patient Address:			
Date of Referral:	Phone home:	Mobile:	
Healthcare/Pension Card? Y ☐ N ☐	Card Number:		Expiry Date: mm/yyyy
Medicare Card Number:	Expiry Date:	ATSI registered? Y ☐ N ☐	
If this service was not available, would you have referred patient to hospital outpatient clinic? Y ☐ N ☐			

Referring GP / GP Contact Details	Referring Allied Health Details
GP Name: Practice Name: Practice Address:	Name: Practice Address:

Please indicate main presenting condition and attach summary sheet of medical history, medications & relevant pathology

☐ Cardiovascular	☐ Musculoskeletal
☐ Renal	☐ Other condition, please specify _____
☐ Type 2 Diabetes - Date of Diagnosis: _____	☐ High risk of chronic conditions
☐ Respiratory	

Service Required – Please ensure appropriate documents are attached

Allied Health Services - Attach GPMP/TCA & Allied Health Referral (EPC)	Patient requires other services
☐ Diabetes Educator	☐ Chronic condition assessment and coordination
☐ Exercise Physiologist	☐ Weight Management Program (High Risk Waist Measurement >88cm females; >102cm males - BMI > 30kg/m2)
☐ Dietitian	☐ Smoking Cessation (Rockingham/Armadale/Peel Service only)
☐ Type 2 Diabetes Exercise Group	☐ DESMOND – Type 2 Diabetes
☐ Physiotherapist (South Metro Location)	☐ Walking Away from Diabetes Program (South Metro Location)
☐ Podiatrist (South Metro Location)	

Is it safe for this individual to participate in light-moderate intensity exercise? ☐ Yes ☐ No

360 Health + Community will, where appropriate, direct your patients to other 360 programs and allied health professionals to assist the patient to make lifestyle changes.

Please fax to 360 Health + Community on 9279 8221

360 Health + Community acknowledge the financial and other support from the Australian Government Department of Health and Department of Health WA