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:
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/Organisation Address:

Please indicate main presenting condition and attach summary sheet of medical history, medications & relevant pathology	
☐ Cardiovascular ☐ Renal ☐ Type 2 Diabetes - Date of Diagnosis:_____ ☐ Respiratory	☐ Musculoskeletal ☐ Other condition please specify _____ ☐ High risk of chronic conditions

Service Required – Please ensure appropriate documents are attached	
Allied Health Services - Attach GPMP/TCA & Allied Health Referral (EPC)	**Patient requires other services**
☐ Diabetes Educator ☐ Exercise Physiologist ☐ Dietitian ☐ Type 2 Diabetes Exercise Group ☐ Physiotherapist (South Metro Location) ☐ Podiatrist (South Metro Location)	☐ Chronic condition assessment and coordination ☐ Weight Management Program (High Risk Waist Measurement >88cm females; >102cm males - BMI > 30kg/m2) ☐ Smoking Cessation (Rockingham/Armadale/Peel Service only) ☐ DESMOND – Type 2 Diabetes ☐ Walking Away from Diabetes Program (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 9527 1193.

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