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	☐ 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 9527 1193(South Metro) or 6311 7322 (North Metro)

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