

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

Patient/Client Details							
Patient Name:							Gender: M F
DOB:							Other:
Patient Address:							
Date of Referral: Phone home:			iome:	Mobile:			
Healthcare/Pension Card?	Card Nu					Expiry Date:	
Medicare Card Number: Expiry Date			e: ATSI registered? Y \(\square\) N \(\square\)				
Referring GP / GP Contact Details				Referring Allied Health Details			
GP Name:				Name:			
Practice Name:				Practice/Organisation:			
Practice Address:				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:							
Respiratory				High risk of chronic conditions			
Service Required – Please ensure appropriate documents are attached							
Allied Health Services - Attach GPMP/TCA & Allied Health Referral (EPC)							
Diabetes Educator							
Exercise Physiologist							
☐ Dietitian							
Occupational Therapist							
Speech Pathologist							
Type 2 Diabetes Exercise group							
Is it safe for this individual to participate in light-moderate intensity exercise?							
Please Note:							
 Healthy Lifestyle Supports is a fee-for-service initiative developed by 360 Health + Community. Where appropriate, 360 Health + Community may direct your patients to other 360 Health programs and allied health professionals to assist the patient to make lifestyle changes. 							