

# Referring to the Get Healthy Service in Best Practice Medical Software

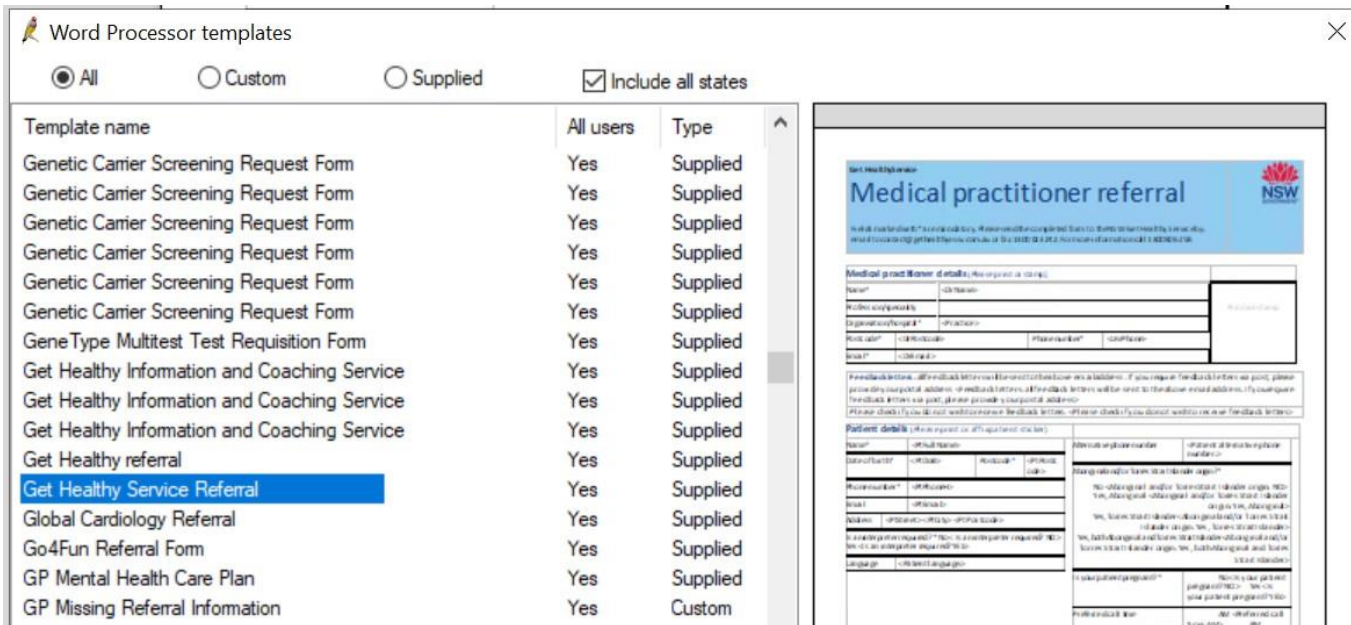
1. Open Best Practice
2. Click Utilities > Word Processor



3. Templates > Use Template



4. Select the Template > Get Healthy Information and Coaching Service



5. Click Open



# Get Healthy Service



Rename template Delete template

Open Cancel

## 6. Search for Patient > Select

Select patient



### Select a patient from the database

Search for:

Name	Age	Address	D.O.B.	
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Select Cancel

## 7. You will be prompted with a form to fill in additional information for the patient

Get Healthy Service Referral

Feedback letters: all feedback letters will be sent to the above email address. If you require feedback letters via post, please provide your postal address

Please check if you do not wish to receive feedback letters

Is an interpreter required? NO

Is an interpreter required? YES

Patient language: English

Patient alternative phone number:

Aboriginal and/or Torres Strait Islander origin: NO

Aboriginal and/or Torres Strait Islander origin: Yes, Aboriginal

Aboriginal and/or Torres Strait Islander origin: Yes, Torres Strait Islander

Aboriginal and/or Torres Strait Islander origin: Yes, both Aboriginal and Torres Strait Islander

Is your patient pregnant? NO

Is your patient pregnant? YES

Preferred call time: AM

Preferred call time: PM

==Current body measurements (optional)==

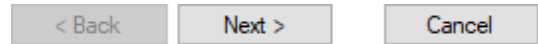
Waist circumference (cm)

Weight (kg)

Height (cm)



8. Select Next



9. Template has been generated

Bp Premier Word Processor - Untitled

File Edit View Insert Format Table Templates Utilities Help

100% Calibri 10

Double click on an item in the list to insert it into the document.

- General
- Letterhead
- Location
- Current user
- Addressee
- Referring Dr
- Other contact
- Patient
- Clinical
  - Allergies/Reactions
  - Clinical comment
  - Blood group
  - Smoking status
  - Smoking history
  - Alcohol history
  - Family history
  - Social history
  - Current Rx list (All)
  - Current Rx list (Long term)
  - Current Rx list (Selected)

Template favourites:

Template name

**Get Healthy Service**

**Medical practitioner referral**

Fields marked with \* are mandatory. Please send the completed form to the NSW Get Healthy Service by: email to [contact@gethealthynsw.com.au](mailto:contact@gethealthynsw.com.au) or fax 1300013 242. For more information call 1300 806 258

Medical practitioner details (Please print or stamp)				
Name*	Test		Practice stamp	
Profession/speciality				
Organisation/hospital*	Test			
Postcode*	7000	Phone number*		62484500
Email*				


Feedback letters: all feedback letters will be sent to the above email address. If you require feedback letters via post, please provide your postal address  
 Please check if you do not wish to receive feedback letters:

Patient details (Please print or affix patient sticker)			
Name*	Mr TEST TEST		Alternative phone number
Date of birth*	01/01/1990	Postcode*	1111
Phone number*			Aboriginal and/or Torres Strait Islander origin? *
Email			No <input type="checkbox"/>
Address	1 FAKE ST ALLOWAY 1111		Yes, Aboriginal <input type="checkbox"/>
			Yes, Torres Strait Islander <input type="checkbox"/>
		Yes, both Aboriginal and Torres Strait Islander <input type="checkbox"/>	
Is an interpreter required? * No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		Is your patient pregnant? *	
Language		English	No <input type="checkbox"/> Yes <input type="checkbox"/>
		Preferred call time	
		AM <input type="checkbox"/>	PM <input type="checkbox"/>

*The Service will call your patient within 5 working days upon receipt of a completed referral.  
 If a mobile phone number has been provided on this referral form, your patient will receive a welcome SMS ahead of this call.*

Current body measurements (Optional)			
Waist circumference (cm)		Weight (kg)	
		Height (cm)	
If pregnant: Pre-pregnancy weight (kg):		Gestational age (wks):	

Primary reason for referral (Please select all that apply)			
<input type="checkbox"/> Weight management	<input type="checkbox"/> Healthy eating	<input type="checkbox"/> Alcohol reduction	
<input type="checkbox"/> Physical activity	<input type="checkbox"/> Diabetes prevention	<input type="checkbox"/> Alcohol abstinence in pregnancy	<input type="checkbox"/> Cancer



Disclaimer: By completing this form, your participant is consenting to this information being sent to the Get Healthy Service, and consents for the Service to contact them. For more information please view the privacy statement: [www.gethealthynsw.com.au/privacy-policy](http://www.gethealthynsw.com.au/privacy-policy)

10. Email template to [contact@gethealthynsw.com.au](mailto:contact@gethealthynsw.com.au) or print and fax to 1300 013 242

For more information call 1300 806 258 or visit the [www.gethealthynsw.com.au](http://www.gethealthynsw.com.au)

