Get Healthy Service

Referral Form

Get Healthy Cancer Support

CONSENT CONFIRMATION:
By submitting this completed form, the health professional/medical practitioner confirms that the participant has consented to this information being sent to the Get Healthy Service, and consents for the Service to contact them (verbal consent is sufficient).

Fields marked with * are mandatory
Please send the completed form to the NSW Get Healthy Service by:
Email: **contact@gethealthynsw.com.au** or Fax: **1300 013 242**. For more information call: **1300 806 258**

Health Professional Details (Please print or stamp)

Name*	
Profession*	
Organisation/Hospital*	
Postcode*	Phone Number*
Email*	

Practice Stamp

Feedback Letters All feedback letters will be sent to the above email address.

Patient Details (Please print or affix patient sticker)

Full Name*	Date of Birth*
Phone Number*	Postcode*
Email*	
Address*	

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.

Is an Interpreter required?* ☐ No ☐ Yes

Language: ____________________

Preferred time to call: ☐ AM ☐ PM

Aboriginal and / or Torres Strait Islander origin?* ☐ No

☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander

☐ Yes, both Aboriginal and Torres Strait Islander

Primary Reason for Referral (Please tick one)

☐ Weight Management ☐ Healthy Eating ☐ Cancer ☐ Healthy Ageing

☐ Physical Activity ☐ Diabetes Prevention ☐ Alcohol Reduction

Current body measurements: (Optional)

Waist Circumference (cm) ____________ Weight (kg) ____________ Height (cm) ____________

Where is the patient in their cancer journey? (Please tick one)

☐ Pre-Treatment ☐ Active Treatment ☐ Survivorship (post-treatment)

Criteria:

(Assessment of inclusion and exclusion criteria is not required for people in survivorship)

INCLUSION CRITERIA	
Expected to remain or improve with support. Please select all that apply:	
☐ ECOG score 0 - 2	☐ Karnofsky score 70 - 100
☐ Outside criteria but deemed clinically appropriate for participation	
☐ Able to walk 100 meters without significant pain	
☐ Likely to remain able to exercise or improve exercise ability over the next 6 months	
EXCLUSION CRITERIA	
☐ Unstable Chronic Heart Disease or COPD	☐ Currently pregnant
☐ Extensive hospitalisation planned or expected	☐ Recent surgery, unless certified as able to start a graded exercise program by a Medical Practitioner

Medical Safety Assessment by a Medical Practitioner (please tick all that apply)

If a patient has one of the below conditions and referral is still being considered, a Medical Safety Assessment is required.

☐ Uncontrolled Asthma

☐ Unstable/uncontrolled COPD

☐ Post surgery under 3 months

☐ High Blood Pressure (resting BP of systolic >180 or diastolic >100)

☐ Unstable angina / chest pain

☐ Decompensated heart failure

☐ Unexplained weight loss (> 5% in 6 months)

☐ History of falls

☐ None of the above

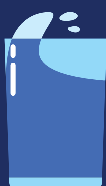
Disclaimer: If a Medical Safety Assessment is required, a cancer care coordinator, cancer CNC, or cancer CNS must confirm that the patient is safe to participate with the patient's doctor. All of the aforementioned can sign the form if the doctor's information is supplied.

I, the Medical Practitioner, Cancer Care Coordinator, Cancer CNC, Cancer CNS, confirm that the patient is fit to participate in the Get Healthy Service.

☐ Yes, fit to participate

Name:	Profession:
Signature:	Date:
Medical Practitioner Consulted Name:	Medical Practitioner Profession:

All patients are screened prior to enrolling with the service. If your patient discloses any new or worsening conditions and/or symptoms not listed above, they may be referred back for ongoing management. An updated Medical Safety Assessment may be required to assess their suitability to participate with the Get Healthy Service.



NSW GOVERNMENT