

ZIPPeD STUDY REFERRAL

RETURN THE COMPLETED FORM TO:

Fax: 1300 013 242

or Email: contact@gethealthynsw.com.au

Simply call **1300 806 258**
www.gethealthynsw.com.au

Disclaimer: By completing this form you consent to this information being sent to the Get Healthy Information and Coaching Service®, and consent for the Service staff to contact you.

Referrer Details (print or stamp below)

Name: _____
Profession: _____
Organisation/Hospital: _____
Address (for feedback letters): _____

Postcode: _____
Phone Number: _____
Email: _____

Patient details

Please print or affix patient sticker on top

First Name: _____
Surname: _____
DOB: _____
Gender: Female Male
Address: _____
Suburb: _____
Postcode: _____
Tel. home: _____
Tel. mobile: _____
Email: _____
Are you of Aboriginal or Torres Strait Islander origin?
No
Yes, Aboriginal
Yes, Torres Strait Islander
Yes, both Aboriginal and Torres Strait Islander

Preferred goal

Physical Activity Weight Management
Healthy Eating Alcohol Reduction

Is an interpreter required?

No Yes

Specify language: _____

When is the best time to call?

am pm

Are you pregnant?

No Yes

General comments

**Please describe any health condition(s)/
impairment(s) which may affect what the patient
eats or how physically active they can be:**

Current body measurements (Optional)

Waist circumference (cm): _____
Height (cm): _____
Weight (kg): _____

If pregnant:

Pre-pregnancy weight (kg): _____
Gestational Age (wks): _____

Feedback letters (optional)

I, the health professional named above, would like feedback letters on the above patient's contact with the Service.

Date: _____