Living Healthy Program

Care Coordination, Diabetes Education, Dietetics, Exercise Physiology

Client Details

Name:	Home/Work Phone:
Address:	Mobile Phone:
DoB (over 18yrs only):	Email:

Identifies as: ☐ Aboriginal ☐ TSI ☐ CALD

GP Details – referrals from GP/RAN/NP only with GPMP

Name:	Phone:
Practice:	Email:
Practice Address	Fax:

Eligibility Criteria – please tick relevant issues

Client has been diagnosed with:

☐ Diabetes
☐ Cardiac Condition
☐ Respiratory Condition
☐ Morbid Obesity

☐ Current GPMP Attached with referral including recent pathology referrals will not be accepted without a current GPMP

Allied Health Services Required – please tick

☐ Care Coordination
☐ Diabetes Education
☐ Dietitian Limited Service only
☐ Exercise Physiologist Warren Blackwood Region only

Reason For Referral

Consent

I have discussed this referral and the information above with the client and consent has been provided for a referral to this program.

Client Name:	Client Signature:	Date
Referrer Name:	Referrer Signature:	Date

Referrals to Fax: 9754 2985 or Healthlink (gpdsmhcc)
Enquiries to Program Coordinator on 9754 3662

PLEASE PROVIDE YOUR CLIENT A COPY OF THIS REFERRAL