

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

Patient/Client Details			
Patient Name: DOB:	Gender: M F Other: _____		
Patient Address:			
Date of Referral:	Phone home:	Mobile:	
Healthcare/Pension Card? Y N	Card Number:	Expiry Date:	
Medicare Card Number:	Expiry Date:	ATSI registered? Y N	
If this service was not available, would you have referred patient to hospital outpatient clinic? Y N			
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: _____	High risk of chronic conditions		
Respiratory			
Service Required - Please ensure appropriate documents are attached			
Allied Health Services - Attach GPMP/TCA & Allied Health Referral (EPC)	Patient requires other services		
Diabetes Educator	Chronic condition assessment and coordination		
Exercise Physiologist	Weight Management Program		
Dietitian	<ul style="list-style-type: none"> • High Risk Waist Measurement: <ul style="list-style-type: none"> ○ >88cm females ○ >102cm males ○ BMI > 30kg/m² 		
Type 2 Diabetes Exercise Group	DESMOND – Type 2 Diabetes		
Podiatrist (South Metro Location)			
Is it safe for this individual to participate in light-moderate intensity exercise? Yes No			
360 Health + Community will, where appropriate, direct your patients to other 360 programs and allied health professionals to assist the patient to make lifestyle changes.			

Please fax to 360 Health + Community on 9279 8221 or email to referral@360.org.au