

A) REFERRAL REASONS: I refer this patient to:	
<p>Get Moving! Stay Well!</p> <p><input type="checkbox"/> YES, this participant meets the following eligibility criteria for the Get Moving! Stay Well! Program where this patient has the following: (please tick all that apply)</p> <p><input type="checkbox"/> Pre-diabetes (IFG / IGT)</p> <p>Diabetes</p> <p><input type="checkbox"/> Type 1</p> <p><input type="checkbox"/> Type 2</p> <p style="margin-left: 20px;"><input type="checkbox"/> Diet controlled</p> <p style="margin-left: 20px;"><input type="checkbox"/> Oral medication</p> <p style="margin-left: 20px;"><input type="checkbox"/> Insulin</p> <p>Other:</p> <p><input type="checkbox"/> Back pain: non-acute</p> <p><input type="checkbox"/> Hypertension</p> <p><input type="checkbox"/> Inactive / Sedentary</p> <p><input type="checkbox"/> Raised cholesterol</p> <p><input type="checkbox"/> Osteoarthritis: mild-moderate</p> <p><input type="checkbox"/> Osteoporosis: asymptomatic and no history of fracture</p> <p><input type="checkbox"/> Polycystic ovarian syndrome</p> <p><input type="checkbox"/> Clinically obese</p> <p><input type="checkbox"/> Smoking: not COPD</p> <p><input type="checkbox"/> Stress/Anxiety mild-moderate</p>	<p>Community Maintenance Group</p> <p><input type="checkbox"/> YES, this participant meets the following eligibility criteria for the Community Maintenance Group where this patient has completed The Sutherland Hospital Cardiac Rehabilitation or Heart and Lung Team Exercise Rehabilitation Programs, or Patient with previous cardiac history with little or no rehabilitation with any of the following:</p> <p>(a) Stable heart disease or other stable chronic disease</p> <ul style="list-style-type: none"> - Including at least 3 months following hospital discharge for an acute coronary syndrome - At least 3 months following coronary bypass surgery, heart valve surgery or other cardiac surgery - At least 3 months following coronary angioplasty/stenting for stable CAD - With 2 or more major risk factors for heart disease who were previously inactive or sedentary - Heart failure or cardiomyopathy with NYHA Class I or II (no symptoms during exercise or reduced physical capacity during moderate activity) - Body Mass Index >30 <p>(b) Assessed as medically stable and suitable to exercise by GP</p> <p>(c) Able to walk 300-400 metres in 6 minutes.</p> <p style="font-size: small; text-align: center;">*PLEASE READ CONTRAINDICATIONS TO EXERCISE PRIOR TO REFERRAL.</p>

B) PATIENT HEALTH STATUS

PATIENT DETAILS	DETAILS OF PATIENT'S USUAL GP (Referring Doctor)
<p>Name:</p> <p>Address:</p> <p>Phone: (w) (h)</p> <p>(Mob)</p> <p>Weight: Height: BMI: BP:</p>	<p>GP Name:</p> <p>Practice Address:</p> <p>Phone: Fax:</p>

MEDICATIONS	ALLERGIES

STAGES OF CHANGE (please tick current activity status)

Pre Contemplation (not considering exercise)

Contemplation (not exercising but considering)

Preparation (beginning to exercise but not enough)

Action (regularly active, but only recently)

Maintenance (regularly active)

COMMENTS (MEDICAL / FAMILY / SOCIAL HISTORY / OTHER)

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