

## PRIORITY ALLIED HEALTH SERVICES – REFERRAL FORM

### Multidisciplinary Lifestyle Medicine Community Groups

For Patients at Singleton (*must have access to Smart phone /tablet /computer and Email*)

Referral Date:			
Referrer: self /professional /GP			
GP Contact Details:			
Patient Name:			
Patient DOB:		Gender:	
Patient Address:			
Patient Telephone(s):			
Patient Email:			
Consent:	Has the patient consented to this referral?    Yes            No		
Aboriginal and/or Torres Strait Islander:	No	Aboriginal	Torres Strait Islander            Unknown
Living arrangements:	Lives Alone	Family/Carer	Friend            Unknown
Availability on Tuesdays 10:30–1:00pm			
Reason for Referral:			
Chronic condition/s and Medical History (tick below)			
Diabetes	<input type="checkbox"/>	Depression & anxiety	<input type="checkbox"/>
Prediabetes	<input type="checkbox"/>	Cardiovascular condition	<input type="checkbox"/>
High risk of diabetes	<input type="checkbox"/>	Risk of falls	<input type="checkbox"/>
Previous gestational diabetes	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>
Respiratory & lung disease	<input type="checkbox"/>	Osteoporosis or Osteopenia	<input type="checkbox"/>
<b>Please email this referral to <a href="mailto:conciierge@hunterprimarycare.com.au">conciierge@hunterprimarycare.com.au</a> or fax to 02 4925 2268</b>			

Want to learn more? Enquiries to [kwood@hunterprimarycare.com.au](mailto:kwood@hunterprimarycare.com.au) or Phone 4935 3063

*We listen. Care. Connect.*

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