

PRIORITY ALLIED HEALTH SERVICES – REFERRAL FORM

Multidisciplinary Lifestyle Medicine Community Groups

For Patients at Singleton, Cessnock & Upper Hunter
(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
Reason for Referral:			
Chronic condition/s and Medical History (tick below)			
Diabetes	<input type="checkbox"/>	Mental health	<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"/>
Please email this referral to conciierge@hunterprimarycare.com.au or fax to 02 4925 2268			

Want to learn more? Enquiries to astinson@hunterprimarycare.com.au or Phone 4935 3063

We listen. Care. Connect.

7 Warabrook Boulevard, Warabrook NSW 2304 / PO Box 572, Newcastle NSW 2300
 02 4925 2259 02 4925 2268 info@hunterprimarycare.com.au ABN 27 061 783 015
hunterprimarycare.com.au [@hunterprimarycare](https://www.facebook.com/hunterprimarycare)

Aboriginal Health & Wellbeing | Disability & Wellbeing | General Health & Wellbeing | Mental Health & Wellbeing