

Health Professional Referral Form



About My health for life

My health for life is a chronic disease prevention initiative with free, qualified Health Coaches for your patients. Our Health Coaches are qualified, allied-health professionals who can help Queenslanders 18 years and over make healthier choices and create healthier habits. It is a practical extension of the advice given by health professionals to their patients and clients that allows participants to better understand their health and supports them to achieve their health-related goals.

Section A: Participant information

Full name:

Date of birth (DD/MM/YYYY):

Date of Health Check:

Contact phone:

Email:

Main language spoken at home:

Identify as a First Nations person (If box is checked please move on to Section D)

Section B: Eligibility criteria

Patients must live in Queensland and be 18 years or over.

Section C: Exclusion criteria

My health for life is a prevention initiative and patients with current gestational diabetes, type 1 or type 2 diabetes, heart disease, stroke or chronic kidney disease will not be eligible.

People who identify as First Nations are eligible.

Exclusion criteria checked (NB: if you have ticked this, unless your patient is of Aboriginal and/or Torres Strait Islander descent, DO NOT continue the referral process)

Section D: Preferred participation method

Please choose from one of the following for preferred method of participation:

Individual telephone or video

Face-to-face, in small groups

Unsure



Queensland Government

Section E: Consent

As the referrer, you confirm that the person being referred has been informed about, and consented to:

Information on this referral form being shared with Diabetes Australia and service providers involved in the My health for life initiative.

De-identified information in this referral form being shared with Health and Wellbeing Queensland for statistical purposes.

Participation updates to be shared with the referring health professionals.

Medical practitioner consent is required for people who:

Are currently pregnant

Are currently experiencing an acute illness

Have had surgery in the previous 12 months

Section F: Referrer details

Practice/service name:

Practice/service type:

Referrer name:

Referrer profession:

Address:

Email:

Phone:

Please return completed form to My health for life via one of the below options:

Medical Objects: My health for life FM4064000RY **Fax:** 1300 MH4LFAX (6445 329)

Do you have any questions?

Contact us: 1800 00MH4L (6445) | info@myhealthforlife.com.au