

<b>Referral Form</b>		
Patient & GP Details		
Surname	<b>GP STAMP</b>  <i>(or list Dr Name/Surgery/Address/Provider No)</i>	
First Name		
DOB		
Gender		M / F
Address		
Home Phone		
Mobile Phone		
Referral		
Reason for Referral		
Documents Attached	<input type="checkbox"/> Enhanced Primary Care Plan, Physiotherapy 1 x Session <input type="checkbox"/> Enhanced Primary Care Plan, Exercise Physiology 2 x Sessions <input type="checkbox"/> Enhanced Primary Care Plan, Dietitian 2 x Sessions <input type="checkbox"/> Referral for Group Allied Health Services for Type II Diabetes <input type="checkbox"/> Mental Health Care Plan, 12 Sessions	
Consent	<b>CONSENT:</b> <ul style="list-style-type: none"> <li>• As the GP, I have discussed what the exercise program involves, the benefits &amp; potential risks (e.g. injuries, heart problems).</li> <li>• The contraindications above &amp; any further investigations necessary have been completed.</li> <li>• I agree, in consultation with the patient, that they are suitable for a low to moderate exercise assessment &amp; exercise sessions.</li> <li>• I understand the Exercise Physiologist will screen for risks and will also refer back to the GP if any contraindications arise.</li> <li>• As the patient, I understand the benefits &amp; risks of the program and I have also read 'Participating in the Program' (below).</li> </ul>	
Doctor Signature		
Patient Signature		
Date		
Participating in Program	<p>Your personal information remains confidential. All data is stored at Southwest Wellness Centre is in a secure, password protected database. Staff who have access to the database have all signed confidentiality agreements. Collated &amp; de-identified data (i.e. personal details are removed) may also be provided to external organisations for auditing, research, evaluation &amp; quality assurance purposes. I hereby agree to my record being provided to Southwest Wellness Centre to assist in my health management.</p> <p>This consent is subject to: 1) the information on the database being kept secure &amp; confidential; 2) any information required for an audit, research &amp;/or planning being used on an anonymous basis.</p> <ul style="list-style-type: none"> <li>- I understand that I have the right to withdraw consent at any time, without penalty, by requesting that my personal information be deleted.</li> <li>- I also understand that if I have any question relating to the database I can ask my doctor or contact Southwest Wellness Centre on 02 4647 1134.</li> </ul>	