Healthy Habits
Referral Form

Sonder
Better Care Better Health

About you

Name			
Address			
Phone		**Email**	
Date of birth		**Gender identity**	
Do you identify as Aboriginal and/or Torres Strait Islander?		❒ Yes ❒ No	

Referrer details

Name		**Phone**	
Organisation		**Email**	

Health information

Please tick the chronic conditions or health risk factors that are relevant to you	
❒ Diabetes	❒ High blood pressure
❒ Heart disease	❒ High cholesterol
❒ Kidney disease	❒ High body weight
❒ Osteoarthritis	❒ Poor nutrition
❒ Other:	❒ Low physical activity

Please tick the health care arrangements that apply to you	
❒ NDIS	❒ Concession/Pension/Health care card
❒ GP management plan	❒ Home/Aged care package
❒ T2DM group Allied Health Services	❒ Aboriginal and Torres Strait Islander Health Check
❒ Department of Veterans' Affairs	❒ Other:

Pre-exercise screening

Has your medical practitioner ever told you that you have a heart condition, or have you ever suffered a stroke?	❒ Yes ❒ No
Do you ever experience unexplained pains or discomfort in your chest at rest or during physical activity/exercise?	❒ Yes ❒ No
Do you ever feel faint, dizzy or lose balance during physical activity/exercise?	❒ Yes ❒ No
Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?	❒ Yes ❒ No
If you have diabetes (type 1 or 2) have you had trouble controlling your blood sugar (glucose) in the last 3 months?	❒ Yes ❒ No
Do you have any other conditions that may require special consideration for you to exercise?	❒ Yes ❒ No
If you answered **yes**, you need to seek guidance from an allied health professional or general practitioner before undertaking exercise within the Healthy Habits program.	

What support are you interested in?
❒ Group exercise classes
❒ Allied health services (e.g. dietitian, exercise physiologist)
❒ Telehealth / online program

GP/Health Professional Exercise Clearance

I, _____, have discussed the benefits and potential risks or discomforts of participating in an exercise program.

I agree, in conclusion with the patient, that they are suitable to participate in a low to moderate exercise assessment and supervised exercise sessions.

Please note any restrictions or considerations for exercise below: (e.g. light exercise only)

_____

_____

_____

_____

_____

GP/Health Professional signature _____ Date _____

How to submit this referral

GP/Health Professionals: Fax to Sonder on (08) 8252 9433 or email to healthyhabits@sonder.net.au

Personal referral (Self-referral): Email to healthyhabits@sonder.net.au