

Medical practitioner referral form



Program details

My health for life is an integrated risk assessment and behaviour modification program that aims to identify people at high-risk of developing a chronic disease. Funded by the Queensland Government and delivered by The Healthier Queensland Alliance, the program encourages and supports participants to achieve and maintain individually personalised healthy lifestyle goals. Eligible Queenslanders will gain access to a free six month structured, evidenced-based program based on behaviour change principles. The program will be delivered by trained local health practitioners either by face-to-face group sessions or personalised telephone sessions with access to online activities and supports when required. Further details can be found at myhealthforlife.com.au

About the participant



Full name	
Date of birth	
Date of risk assessment	
Contact number	
Email (optional)	
Main language spoken at home	<input type="checkbox"/> English <input type="checkbox"/> Arabic <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (please specify) _____
Reason for program eligibility	<p>Please choose one from the following:</p> <p>45 years + (or 18+ if ATSI)</p> <input type="checkbox"/> AUSDRISK score ≥ 12 . The participants score was: ____
	<input type="checkbox"/> Absolute Cardiovascular Risk score $\geq 15\%$. The participants score was: ____
	<input type="checkbox"/> BP reading either ≥ 160 systolic or 100 diastolic. The participants BP reading was: ____
	<p>Or any of the following:</p> <p>18 years + pre-existing condition present. The participant has:</p> <input type="checkbox"/> Previous history of gestational diabetes mellitus
	<input type="checkbox"/> Pre-diabetes (diagnosed IFG or IGT)
	<input type="checkbox"/> Familial hypercholesterolaemia
	<input type="checkbox"/> Diagnosed high blood pressure
	<input type="checkbox"/> Diagnosed high cholesterol
Program eligible with GP consent	<p>Please check if any of the following also apply:</p> <input type="checkbox"/> Pregnant
	<input type="checkbox"/> Mental health condition
	<input type="checkbox"/> Acute illness
	<input type="checkbox"/> Surgery in previous 12 months

Note: form continues overleaf

Exclusion criteria	<input type="checkbox"/> Exclusion criteria checked N.B. People with any of the following conditions are not eligible to enrol in the MH4L program: type 1 diabetes, type 2 diabetes, heart disease, stroke, chronic kidney disease.
Preferred participation method	Please choose one from the following of program participation methods: <input type="checkbox"/> the group based face-to-face program <input type="checkbox"/> the telephone health coaching program <input type="checkbox"/> unsure and <input type="checkbox"/> participant consents to MH4L program participation updates to be sent to referring medical practitioner

Referrer's details

Practice name	
Medical practitioner name	
Provider number	
Address	
Phone	
Email	
Signature	

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

Medical Objects

Fax: 07 3506 0909

Do you have any questions? Contact us on 13 RISK (13 7475).

