

HEALTH PROFESSIONAL REFERRAL FORM

My health
for life 

76%

76 per cent of patients will enrol in the initiative when referred by a GP or Health Professional.

ABOUT MY HEALTH FOR LIFE

My health for life is a free evidence-based lifestyle change initiative designed to create sustained healthy habits and reduce the risk of chronic conditions such as type 2 diabetes, heart disease and stroke. The session plan is designed to complement current care provided by health professionals. It is a practical extension of the advice given by health professionals to their patients, allowing participants to better understand their health risks and develop longer term, sustainable health 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 Aboriginal and/or Torres Strait Islander (If box is checked please move on to Section D)

SECTION B: ELIGIBILITY CRITERIA

Patients must be aged ≥ 18 years and at risk of developing a chronic condition (i.e. type 2 diabetes and/or heart disease and/or stroke) by having ONE or MORE of the following:

AUSDRISK score ≥ 12
(MBS items that may apply 701, 702, 705, 707, 715)

[AUSDRISK Assessment Tool](#)

Total score is:

Absolute Cardiovascular Risk score $\geq 15\%$
(MBS items that may apply 699, 177)

[CVD Risk Calculator](#)

Total score is:

Waist circumference ≥ 88 cm for women (or ≥ 80 cm for women of Asian descent) or ≥ 102 cm for men (or ≥ 90 cm for men of Asian descent)

Measurement is (cm):

Previous history of gestational diabetes mellitus

Pre-diabetes (diagnosed IFG or IGT)

Familial hypercholesterolaemia

Medically diagnosed high blood pressure

Medically diagnosed high cholesterol

SECTION C: EXCLUSION CRITERIA

People who are not of Aboriginal and/or Torres Strait Islander descent and have any of the following conditions are not eligible for the My health for life initiative: type 1 diabetes, type 2 diabetes, current gestational diabetes, heart disease, stroke, chronic kidney disease.

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:

Telephone health coaching

Group based

Unsure

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: 07 3506 0909

Do you have any questions?

Contact us on **13 74 75** or email: info@myhealthforlife.com.au

ABOUT MY HEALTH FOR LIFE

The initiative is funded by the Queensland Government and delivered by the Healthier Queensland Alliance. The Alliance is a group of non-government organisations working in partnership with the Government and Health and Wellbeing Queensland to improve the health of Queenslanders.

WE ARE:

- Diabetes Australia
- Stroke Foundation
- National Heart Foundation of Australia
- Primary Health Networks (PHN)
- Ethnic Communities Council of Queensland (ECCQ)
- Queensland Aboriginal and Islander Health Council (QAIHC).

HEALTHIER QUEENSLAND ALLIANCE

