

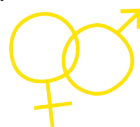
# Medical Practitioner referral form



## 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 a 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 [www.myhealthforlife.com.au](http://www.myhealthforlife.com.au)

## About the participant



Full name	
Date of birth	
Date of risk assessment	
Contact number	
Email (optional)	
Reason for program eligibility	<p>Please choose <b>one</b> from the following:</p> <p>45 years + (or 18+ if ATSI)</p> <p><input type="checkbox"/> AUSDRISK score <math>\geq 15</math>. The participants score was: ____</p> <p><input type="checkbox"/> Absolute Cardiovascular Risk score <math>\geq 15\%</math>. The participants score was: ____</p> <p><input type="checkbox"/> BP reading either 160 systolic or 100 distolic. The participants BP reading was: ____</p> <p>Or any of the following: 18 years + pre-existing condition present. The participant has:</p> <p><input type="checkbox"/> Previous history of gestational diabetes mellitus</p> <p><input type="checkbox"/> Familial hypercholesterolemia</p> <p><input type="checkbox"/> Diagnosed high blood pressure</p> <p><input type="checkbox"/> High cholesterol (on medication)</p>
Program eligible with GP consent	<p>Please check if any of the following also apply:</p> <p><input type="checkbox"/> Pregnant</p> <p><input type="checkbox"/> Mental health condition</p> <p><input type="checkbox"/> Acute illness</p> <p><input type="checkbox"/> Surgery in previous 12 months</p>

Note: form continues overleaf

<b>Exclusion</b> 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 MHFL Program participation updates to be sent to referring medical practitioner

### Referrers 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).

