

## WHAT IS THE SQRH HEALTH AND WELLNESS CLINIC PROGRAM?

- A 14-week intensive health and wellbeing program delivered at no cost to eligible participants.
- Interprofessional, student- resourced clinic: Physiotherapy, Exercise Physiology, Nutrition & Dietetics, Psychology, Social Work and Nursing.
- Individualised program: incorporating pool exercise, gym, health education and behaviour change sessions, one-on-one consultations with allied health & nursing students, cooking demonstrations.

The program focuses on participants with increasing risk of chronic disease who have modifiable, lifestyle related risk factors.

For more information about the program visit: [SQRH Health and Wellness Clinic](#)

CHRONIC DISEASE RISK - INCLUSION CRITERIA (2 or more required for eligibility – please tick)	PROGRAM - EXCLUSION CRITERIA
<input type="checkbox"/> Hypertension <input type="checkbox"/> Body Mass Index > 25kg/m <sup>2</sup> <input type="checkbox"/> Hyperglycaemia <input type="checkbox"/> Decreased physical activity levels <input type="checkbox"/> Dyslipidaemia <input type="checkbox"/> Poor eating habits	<ul style="list-style-type: none"> <li>• Acute symptomatology (physical or psychological) that prevents engagement in the program</li> <li>• Blood pressure &gt;200/110 mmHg</li> <li>• Significant cognitive disability</li> <li>• Pregnancy</li> <li>• Under 16 years of age</li> <li>• Active court proceedings or open insurance claims related to mental or physical health</li> </ul>

Please complete this referral form in full for any eligible patient suitable for the program.

Patient And Doctor Information		Date of referral:
Patient Name		Patient alerts or allergies:
Patient Date of Birth		
Patient Address		
Patient Phone Number		
Referring Doctor		
Medical Clinic		
Clinic Phone Number		

### A COLLABORATION BETWEEN:

<b>Recent investigations - Please provide the most recent investigations or attach recent pathology results</b>		
	<b>Measure</b>	<b>Date of test</b>
Height (cm)		
Weight (kg)		
BMI (kg/m <sup>2</sup> )		
Blood pressure (mmHg)	/	
Blood glucose fasting (mmol/L)		
Blood glucose random (mmol/L)		
HbA1c (% or mmol/L)		
Cholesterol (total) (mmol/L)		
LDL (mmol/L)		
HDL (mmol/L)		
Triglycerides (mmol/L)		
<p><b>Please list any current mental or physical conditions or issues under investigation that may affect this patient's participation in the program:</b></p>    		
<p><input type="checkbox"/> <b>PLEASE ATTACH A SUMMARY OF THE PATIENT'S CURRENT AND PAST MEDICAL HISTORY AND MEDICATIONS TO THIS REFERRAL. NOTE: THIS REFERRAL MAY NOT BE CONSIDERED IF ALL REQUIRED INFORMATION IS NOT INCLUDED.</b></p>		

**We are now using secure messaging to exchange patient information.**



*If your practice uses Medical Objects, please send your referral documents to us:*

*SQRH Health and Wellness Clinic / ID: HS 435 00 00 51*

Once eligibility has been confirmed, the patient will be invited to attend an information session to gauge their interest and capacity to fully engage in the four-month long program. Dependent on the outcome of this visit the patient will either be offered a formal triage interview, or we will contact you with alternate health program recommendations.

Due to demand and priority ranking not all patients are offered one of the 25 positions for the two block programs run each year. Please note the Health and Wellness Clinic does not participate in any Team Care or funded care plan arrangements.

Kind regards,

**Health and Wellness Clinic Team**