

ST GEORGE ALLIED HEALTH EDUCATION & TRAINING HUB GP REFERRAL FORM

Group education and exercise programs focusing on chronic disease prevention and management; and healthy ageing and falls prevention. Programs are delivered at no cost by an interprofessional health team.

PATIENT INFORMATION		REFERRER INFORMATION	
Full Name		Referring Doctor	
Date of Birth		Medical Clinic	
Address			
Phone Number			
Email		Clinic Phone Number	
Goondir Client No.		Date of Referral	

Please select relevant inclusion criteria below:

HEALTHY LIFESTYLES	STRENGTH AND BALANCE	EXCLUSION CRITERIA (both programs)
Over the age of 18 years with one or more of the following: <input type="checkbox"/> AUSTRISK score 6+ (intermediate/high risk) <input type="checkbox"/> Not meeting Australian Physical Activity Guidelines <input type="checkbox"/> Current/past high blood glucose inc. gestational diabetes <input type="checkbox"/> Current/past high blood pressure, inc. taking blood pressure medication <input type="checkbox"/> Waist measurement ≥ 94 cm (male) or ≥ 80 cm (female)	Over the age of 50 years with one or more of the following: <input type="checkbox"/> A recent fall – in the last 12 months <input type="checkbox"/> Fearful of falling <input type="checkbox"/> Desire to improve balance	Any of the following: <ul style="list-style-type: none"> • Blood pressure $>180/110$mmHg • Acute change in function • Symptom acuity impacting on capacity to engage in program • Significant cognitive impairment • Unable to participate in a group environment • Unable to safely independently mobilise (with/without mobility aids) • Any condition that may require 1:1 supervision during exercise/sessions • Pregnancy
Patient information relevant to their capacity to participate in a group exercise and education program: e.g. mental/physical conditions or issues under investigation		
This patient is able to engage in exercise: <ul style="list-style-type: none"> <input type="radio"/> With restrictions (please specify): <input type="radio"/> Without restrictions 		

Please attach the following:

- PATIENT HEALTH SUMMARY
- MEDICATION LIST
- RECENT PATHOLOGY

If your practice uses Medical Objects please send referral documents to:
SQRH St George Allied Health Education and Training Hub
ID: SS 448 70 00 7P



* Referrals will not be considered unless all information is included *

Version: 3.0 10-03-2026

A COLLABORATION BETWEEN: