SQRH
Southern Queensland Rural Health
Health and Wellness Clinic

P 07 4699 8691
E hawcadmin@uq.edu.au
Baillie Henderson Hospital campus
Building 6
Cnr Hogg and Tor Streets
PO Box 24, Harlaxton QLD 4350
Toowoomba QLD 4350

SQRH.com.au

HEALTH AND WELLNESS CLINIC 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		Clinic Phone Number	
Email		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: ☐ AUSDRISK score 6+ (intermediate/high risk) ☐ Not meeting Australian Physical Activity Guidelines ☐ Current/past high blood glucose inc. gestational diabetes ☐ Current/past high blood pressure, inc. taking blood pressure medication ☐ Waist measurement ≥94cm (male) or ≥80cm (female)	Over the age of 50 years with ***one or more*** of the following: ☐ A recent fall – in the last 12 months ☐ Fearful of falling ☐ Desire to improve balance	***Any*** of the following: • Blood pressure >180/110mmHg • 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:	○ With restrictions (please specify): ○ 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 Health and Wellness Clinic
ID: HS 435 00 00 51

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

Version: 3.0 10-03-2026

A COLLABORATION BETWEEN:

The University Of Queensland AUSTRALIA
University of Southern Queensland
Darling Downs Health
South West Hospital and Health Service