

Marathon Health HEAL™ program Referral form

What is HEAL™?

HEAL™ is an 8 week lifestyle modification program that supports people to develop lifelong healthy eating and physical activity habits.

The HEAL™ Program is being offered by Dietitians and Primary Health Care Nurses from Marathon Health.

HEAL™ consists of 2 hours of group sessions over 8 weeks

- 1 hour of supervised exercise
- 1 hour of lifestyle education

HEAL™ is free to participants. Although not essential, we would prefer if participants were referred by a GP or Health Practitioner with a GP Management Plan or Team Care Arrangement.

Please complete the form on the next page.

Submit via secure fax: 6826 5299 or to ahargus@marathonhealth.com.au



Bathurst Office
265 Durham Street
PO Box 175 | Bathurst NSW 2795
T 02 6333 2800 | F 02 6332 6648

Dubbo Office
106 Talbragar Street
PO Box 1834 | Dubbo NSW 2830
T 02 6826 5200 | F 02 6826 5299
ABN 86 154 318 975
www.marathonhealth.com.au



Surname: _____ First Name: _____

DOB: _____ Gender: M / F Aboriginal or Torres Strait Islander: Yes / No

Address: _____

Phone: (H) _____ (M) _____

Referral Criteria:

- Type II diabetes At risk of Type II diabetes Other
 BMI > 30 2 or more CVD risk factors _____

HEAL™ Provider Details:

Patient has:

- A new GP Management Plan (MBS Item 721) OR A review of an existing GP Management Plan (MBS Item 732)
 A referral form for Group Allied Health Services is also attached

If available, I would also like to refer the patient for individual consultations under EITHER;

- A Team Care Arrangement (MBS Item 723) OR A review of an existing Team Care Arrangement (MBS Item 732)

CONTRAINDICATIONS:**Absolute: IF ALL ITEMS ARE NOT CHECKED YOUR PATIENT IS NOT SUITABLE FOR EXERCISE**

- No recent significant change in resting ECG, recent MI, unstable angina or uncontrolled arrhythmia
 No symptomatic severe aortic stenosis, uncontrolled symptomatic heart failure, myocarditis or pericarditis
 No suspected or known dissecting aneurysm, acute pulmonary embolus or infarction, acute systemic infection

Relative: THESE ITEMS ARE DISCRETIONARY IF EXERCISE BENEFITS OUTWEIGH RISKS -COMMENT IF RELEVANT

- No severe hypertension (SBP>200mm Hg, DBP>110mm Hg), left main coronary stenosis, moderate stenotic heart disease
 No high-degree AV block, ventricular aneurysm, hypertrophic cardiomyopathy, tachydysrhythmia or bradydysrhythmia
 No electrolyte abnormalities, uncontrolled metabolic disease

Comments: _____

If in doubt a specialist opinion may be necessary before participating in the program.

Please note, the HEAL™ facilitator may refer back to the GP if any contraindications arise during the program.

GP & Patient Consent

- As the GP, I have discussed what the exercise program involves, the benefits & potential risks/ discomforts (e.g. injury, heart problems).
- The contraindications form & any further investigations necessary have been completed.
- I agree, in consultation with the patient, that they are suitable for a low to moderate exercise assessment & exercise sessions.
- As the patient, I have read and understand 'Participating in the HEAL™ Program (below)

GP signature: _____

Patient signature: _____ Date: _____

Referring GP / Practice nurse:
(stamp contact details here)**Participating in the HEAL™ Program**

- Participation in the program is voluntary.
- Your personal information remains confidential and all data collected is stored in a secure location. Staff who have access to this data have signed confidentiality agreements. Collated & de-identified data (where all of your personal details have been removed) may be provided to the Commonwealth Department of Health & Ageing and may be used for the purposes of auditing, research, evaluation & quality assurance.
- I hereby agree to my record being provided to the HEAL™ facilitator to assist in my health management.
- I understand that I have the right to withdraw consent at any time, without penalty, by requesting that my personal information be deleted.
- This consent is subject to: 1) the information stored being kept secure & confidential; 2) any information required for an audit, research &/or planning being used on an anonymous basis.
- I also understand that if I have any question relating to the security of my personal information I can ask my doctor, my HEAL™ facilitator or the HEAL™ National coordinator on 1300 179 765.