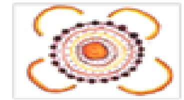
Central Coast
**PRIMARYCARE**

# Aunty Jeans' Program Referral Form



| **Patient Details** | | | |
|---|---|---|---|
| Name | | | |
| D.O.B. | | | |
| Address: | | | |
| Telephone Number: | | | |
| Patient's usual GP/Practice | | | |
| Has patient consented to referral? | | | |
| GPMP and/or TCA attached? | **Yes** ☐ **No** ☐ | Has Patient had 715 health check ≤ 12 months? | **Yes** ☐ **No** ☐ **Date:** |

**Eligibility criteria:** ☐ Aboriginal and / or Torres Strait Islander ☐ Non ATSI

**Patient must have at least ONE of the five following conditions:**

1. Diabetes ☐
2. Chronic Respiratory Disease ☐
3. Cancer ☐
4. Cardiovascular Disease ☐
5. Chronic Kidney Disease ☐

Please specify other health condition/s: ______________________________________________

____________________________________________________________________________

Participation in Aunty Jeans Aboriginal Chronic Care Program includes exercise sessions which are supervised by an Accredited Exercise Physiologist. Sub-maximal exercise testing pre and post program will be conducted.
Your patient will be given an individualised exercise program including warm up, aerobic exercises, resistance training, stretching and cool down. All exercises will be performed at a light to moderate intensity. The exercise testing may involve a 6-minute walk test, stationary bike test and a sit to stand test. Should any of the contraindications below be observed exercise will not be undertaken and appropriate care will be provided:

- Unstable angina
- Symptoms such as chest discomfort, shortness of breath on low activity
- Uncontrolled cardiac failure
- Severe aortic stenosis
- Uncontrolled hypertension (systolic BP ≥ 180mmHg, diastolic BP ≥ 110mmHg)
- Acute infection or fever
- Resting tachycardia/arrhythmia
- Uncontrolled diabetes (e.g. blood glucose < 6mmol/L or > 15 mmol/L)

**Name of Referrer:**______________________________ **Practice:**______________________

**Signature:** ______________________________ **Contact No:** ______________________

**Date:**____________________

## Please fax referral to 02 4365 3836 or Email to: reception@ccpc.com.au

Release Date: 25 May 2016
Last Review: 7 December 2017