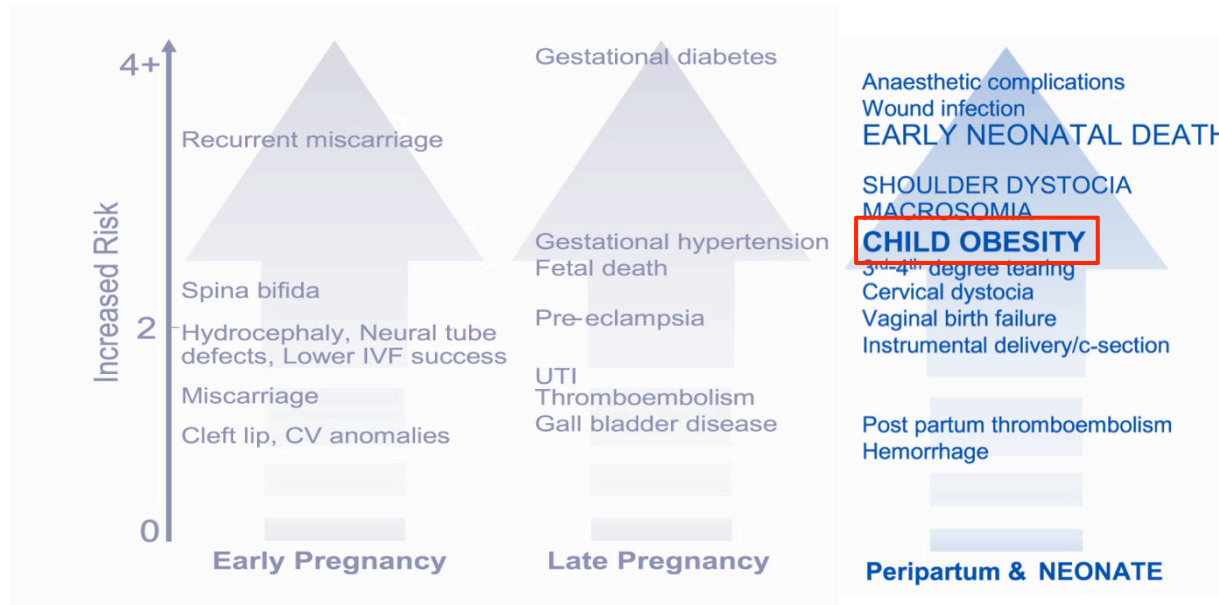


Get Healthy Information and Coaching Service[®]

- Get Healthy Service participants (>40,000)
 - 66% are from the most disadvantaged communities
 - 40% are from regional, rural and remote communities
 - 7% are Aboriginal
 - 69% score 12 or more on AusDrisk and are enrolled in the type 2 diabetes prevention program
- Those who complete the six-month coaching program
 - Lose on average 3.8kg and 5.1cm in waist circumference
 - Aboriginal participants lose on average 4kg and 7cm in waist circumference
- Health professionals are the largest referral source
 - Those referred by health professionals, including GPs are more likely to complete the 6 month program and achieve better outcomes.

NSW Premier's Priority to reduce childhood overweight and obesity

Complications associated with obesity during pregnancy



Get Healthy in Pregnancy

- An enhancement of the **Get Healthy Service** specifically for pregnant women aged 16 years and over
- Provides pregnant women support with healthy eating, physical and a healthy weight gain
- Incorporates advice from the latest guidelines on recommended weight gain based on pre-pregnancy BMI, nutrition, and physical activity during pregnancy to foster good health outcomes for mum and baby.



Promoting and referring to the Get Healthy Service

- Promotional campaigns with Make Healthy Normal and utilising Get Healthy Service as a call to action
- Use GHS posters, flyers, videos to generate interest
- Promote to health professionals to refer participants to the service



get healthy
Information & Coaching Service
Simply call 1300 806 258
www.gethealthynsw.com.au

GENERAL PRACTICE FAX REFERRAL
RETURN TO: CONSULTANT GENERAL PRACTICE
OR: GHS INFORMATION AND COACHING SERVICE
AT: 1300 806 258

NSW Health

GENERAL PRACTICE
STAMP HERE

General Practice Details
 Consult: Doctor/ Nurse
 For: Name: _____
 Address: _____
 Phone Number: _____ Fax Number: _____
 Email: _____

Referral Details (please print)
 Referral: _____
 Referring Practitioner: _____
 Date: _____
 Reason for Referral: _____
 Referral Requested: Yes No Other
 Specify reasons: _____

Primary Issues for Referral
 Chronic Disease Physical Activity Change Management

Other Considerations
 Is the patient pregnant? Yes No
 Have there been any complications with the pregnancy? Yes No
 Is the patient taking any medication? Yes No
 Does the patient have a health condition that they are currently being treated for?
 Please specify what the health condition is: _____
 Yes No
 Is the condition related to the health condition?
 How regular treatment has been provided for this health condition? Yes No
 How frequent rehabilitation services (occupational, physiotherapy, etc.) have been received? Yes No
 Are there any other health conditions or impairments not mentioned above which may affect what the patient can do? Yes No
 Please specify what the health condition is: _____
 Yes No
 How often does the patient have health professional support services for their health condition?
 Yes No
 Please specify what the health condition is: _____
 Yes No

Notes: (please attach if relevant) _____
 (page 1 of 2) (page 2 of 2) (page 3 of 2)

NOTE: RESIDENT CONSENT AND QUALIFICATION
 Consent to this information being used for the Get Healthy Information and Coaching Service (GHS) is not required.
 Please tick the appropriate box(es).
 I understand that the General Practice Referral above will require a letterhead of my consent with the Service.
 Signature: _____
 Date: _____

GENERAL PRACTICE SIGNATURE
 I am providing a referral to the service.
 Name: _____
 Signature: _____
 Date: _____