1. Please fill in **Sections 1, 2 & 3** of this **self-referral form**.
2. Contact **Harbour Sport** if you have any questions on 09 415 4659
3. **Fax completed referral to 09 415 4594, email to grx@harboursport.co.nz or post to Harbour Sport PO Box 300-633 Albany.**

Section 1 – Patient Details

Your name: _____ Gender: ☐Male ☐Female Date of Birth: _____

Ethnicity _____

Street Address: _____ Suburb: _____

Postcode: _____ Email: _____

Home Phone: _____ Mobile: _____ Work: _____

Section 2 – Medical Conditions. Tick the ones that relate to you.

☐Respiratory conditions ☐Depression/Anxiety ☐CVD ☐High Cholesterol ☐Heart Conditions ☐Stroke ☐Stress

☐High Blood Pressure ☐Weight Loss Support ☐Arthritis ☐Injury ☐Mental Health Conditions ☐Epilepsy

☐Joint replacement ☐Osteoporosis

☐**Smoker:** I smoke____ cigarettes per day

Diabetes

☐Pre-diabetic (HbA1c 41-49mmol) ☐ Gestational Diabetes ☐ Type 2 ☐Type 1

☐ Have you attended a DSME course? (Diabetes Self-Management Education course)

Any other relevant medical information? _____

Current Physical Activity

- How many days a week are you active for 30 minutes or more in total? _____
- What level of intensity is your activity?(circle one) Low Medium High

- Are you interested in our Green Prescription programmes? If so tick the box(es) Stanmore Bay ☐ Glenfield/Birkenhead ☐ WestWave ☐ Albany ☐
- **Section 3 – Medical Centre information**

Your Medical Practice: _____

Your Doctor/Nurses name: _____

Your signature: _____ **Today's date**: _____

(By signing this form it indicates that you are interested in participating in the Green Prescription programme)

Section 4 – For Medical Centre Use Only.

Name of Doctor/Nurse: _____

Dr/Nurse's signature: _____

(By signing my name above, I give consent for my patient to safely start a Green Prescription exercise programme)

Rongoā Kākāriki GREEN PRESCRIPTION

HARBOUR SPORT

Waitemata District Health Board

Best Care for Everyone

(July, 2017)