

GREEN PRESCRIPTION (GRx) REFERRAL FORM - GP'S AND NURSES – WAITEMATA DHB AREA

1. GP'S/Nurses please note all fields are compulsory
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3. **EMAIL** the referral to grx@harboursport.co.nz or FAX to 09 415 4594
4. Notify your patient that a Patient Support Person will be in touch within 10 working days of receiving the referral
5. Contact Harbour Sport if you have any questions on 09 415 4657

Section 1 – Patient Details (All Fields Compulsory*)

First Name: _____ Surname: _____
 Gender: Male Female Date of Birth: _____
 Ethnicity _____ NHI: _____
 Street Address: _____ Email: _____
 Suburb: _____ Postcode: _____
 Home Phone: _____ or Mobile: _____ or Work: _____

Section 2 – Medical Conditions (All Fields Compulsory*)

Patient Medical Conditions

- Respiratory conditions Depression/Anxiety CVD High Cholesterol High blood Pressure Heart Conditions
 Weight loss Support Arthritis Injury Mental Health Conditions Epilepsy Stroke Joint replacement
 Osteoporosis Stress **Smoker** ____ smokes per day

Diabetes

- Pre-diabetic (HbA1c 41-49mmol) Gestational diabetes T2 T1
 I have referred this person to DSME (Diabetes Self-Management Education)

Other relevant information (e.g. pregnant or more details about medical conditions above)

Physical Activity

Green Prescription Programme: (Please tick one) Stanmore Bay Glenfield/Birkenhead WestWave Albany
 - (e.g.) Go for a brisk walk, or _____
 Intensity: very light _____ Light _____ Moderate _____
 For at least _____ minutes, _____ Times per week

Section 3 – Referrer information (All Fields Compulsory*)

Referrer Health Professional: _____ Phone: _____ Extn: _____
 Clinic/Agency Referred from: _____
 Postal Address: _____ Signed (Doctor/Nurse) _____
 Date: _____

By noting my name above I confirm that I have explained the GRx process and the patient has consented for their details to be forwarded to HARBOUR SPORT GRx who will provide them with support and advice.