

## UQ Healthy Living Referral Form

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uqhealthyliving@uq.edu.au

Date:

Thank you for seeing  for the reason/s indicated below.

### Client Details:

Name:  D.O.B:

Address:

Phone number:  Email:

### Referrer Details:

Name:

Address:

Phone:  Fax:

### Requested service:

- Exercise Physiologist       Physiotherapist  
 Dietitian  
 Cardiac rehabilitation / maintenance  
 Pulmonary rehabilitation

*\*For Medicare referrals, please include a copy of the GPMP and Medicare Enhanced Primary Care referral.*

### Reason for referral:

### Medical history:

### Recent test results (as appropriate):

### Medications: