


The Better Health Coaching Service is a confidential, telephone-based program that links eligible Western Australians with a qualified health professional to support and motivate them to reach their health and wellbeing goals.

**Who to refer?** The program is available for adults who:

- Are over 18 years of age
- Live in Western Australia
- Need healthy lifestyle support to prevent or manage a newly diagnosed health condition

## 1300 822 953

Monday to Friday 9am-5pm (AWST)  
betterhealthcoaching.com.au/wa

Make a referral  
online: 



Please complete this form and email to [info@betterhealthcompany.org](mailto:info@betterhealthcompany.org) or fax to **1300 325 301**

### Participant Details

Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Male  Female  Non-Binary  Prefer not to answer  Mobile: \_\_\_\_\_

Email \_\_\_\_\_

Pregnant: Yes  No  Note: this service is not available to people who are pregnant

Is an interpreter or National Relay Service required?: \_\_\_\_\_ If yes, what language?: \_\_\_\_\_

Is the participant of Aboriginal or Torres Strait Islander origin?: Yes - Aboriginal  Yes - Torres Strait Islander  No

### Reason for referral / Comments

Please confirm main reason for referral\* (e.g. Type of chronic condition: Diabetes or pre-diabetes, Heart disease, Stroke or nerve problems, Cancer rehabilitation, Musculoskeletal conditions (e.g. arthritis, osteoporosis), Respiratory conditions (e.g. Asthma, COPD), Kidney or liver conditions, Weight loss, Mental health, Chronic pain, Other – please specify)

Comments and any other relevant information.

### Health Professionals Details Please complete the details below, or provide a health professional's stamp of authority.

Referrer's name: \_\_\_\_\_

Referrer's health profession: \_\_\_\_\_

Name of organisation/hospital: \_\_\_\_\_

Hospital department (if referring from hospital) \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_



Health Professional's stamp

Fax: \_\_\_\_\_ Preferred contact method for referral updates: Email  Fax

Information contained in this referral form is confidential. If you are not the intended recipient, any use, disclosure or copying of this document is unauthorised. If you have received this document in error, please contact the referrer.

