

SHAPE Referral Form



Thank you for referring your patient into the WentWest SHAPE Program.
Please complete the following details and fax to the WentWest Confidential Fax line: (02) 8208 9941

Patient Details

Name:					Tel:		
Address:					Mob:		
Post Code:					Sex: M / F	DOB:	/ /
Medicare:					Ref:	Concession/Pension Card Holder:	Y / N

Patient Profile

Which of the following statements best describes your patient: (please circle only **one** description)

OPTION 1* : 40-49 years, at risk of developing Type 2 Diabetes according to the AUSDRISK assessment*. See note.	OPTION 2* : 15-54 years, Aboriginal or Torres Strait Islander at risk of developing Type 2 Diabetes according to the AUSDRISK assessment*. See note.	OPTION 3** : Diagnosed with Type 2 Diabetes. Current BSL is: _____ mmol/L	OPTION 4*** : BMI of 27 or over and at risk of developing a chronic disease such as Type 2 Diabetes.
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* For Option 1 & 2 please include a copy of the patient's completed AUSDRISK assessment with this referral form.
** For Option 3 please complete the "Referral form for group allied health services under Medicare for people with Type 2 Diabetes" and include a copy of the GP Management Plan
*** For option 4 please include a copy of the patient's GP Management Plan with this referral form.

Clinical Information

Height (cm):	Weight (kg):	Waist Circumference (cm):	AUSDRISK Completed and Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Contraindications /Precautions to Exercise Participation

Please indicate any relevant contraindications to exercise:

<p>Absolute Contraindications Exercise participation should not be approved to the patient with absolute contraindications, until these conditions are stabilised or adequately treated.</p> <ul style="list-style-type: none"> <input type="checkbox"/> A recent significant change in resting ECG suggesting significant ischemia, recent myocardial infarction (within 2 days or other acute cardiac event) <input type="checkbox"/> Unstable angina <input type="checkbox"/> Uncontrolled cardiac arrhythmias causing symptoms or hemodynamic compromise <input type="checkbox"/> Symptomatic severe aortic stenosis <input type="checkbox"/> Uncontrolled pulmonary embolus or pulmonary infarction <input type="checkbox"/> Acute myocarditis or pericarditis <input type="checkbox"/> Acute systemic infection <input type="checkbox"/> Suspected or known dissecting aneurysm <p><input type="checkbox"/> Nil, this client does not have any contraindications to exercise</p>	<p>Relative Contraindications The contraindications below can be superseded if the benefits of exercise outweigh the risks.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Left main coronary stenosis <input type="checkbox"/> Moderate stenotic valvular heart disease <input type="checkbox"/> Electrolyte abnormalities (e.g. hypokalemia, hypomagnesemia) <input type="checkbox"/> Severe arterial hypertension (systolic >180mmHG and or diastolic >100mmHG) at rest <input type="checkbox"/> Tachyarrhythmias or bradyarrhythmias <input type="checkbox"/> Hypertrophic cardiomyopathy and other forms of outflow tract obstruction <input type="checkbox"/> Neuromuscular, musculoskeletal or rheumatoid disorders that are exacerbated by exercise <input type="checkbox"/> High-degree artioventricular block <input type="checkbox"/> Ventricular aneurysm <input type="checkbox"/> Uncontrolled metabolic disease (e.g. diabetes) <input type="checkbox"/> Chronic infectious disease (hepatitis, AIDS) <input type="checkbox"/> Mental or physical impairment leading to inability to exercise adequately
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Please list any other condition that the supervising Allied Health Professional needs to be aware of prior to prescribing an exercise and when supervising this patient:

Cardiovascular:
Metabolic:
Musculoskeletal:
Respiratory:
Neuropathic:
Psychological:
Other:
Please indicate any medications which must be kept on hand whilst exercising:

Consent

As the supervising doctor, I found this individual was medically stable at the time of this examination and therefore approve participation in a fitness and exercise program. I have indicated relevant contraindications to my knowledge and understand that should the patient experience a significant medical incident whilst participating in the program, I will be informed immediately.

Referring GP:	Signature:	Date: / /
Practice:		

Please fax completed form to the WentWest confidential fax number (02) 8208 9941.

The Australian Type 2 Diabetes Risk Assessment Tool (AUSDRISK)

1. Your age group

- Under 35 years 0 points
 35 – 44 years 2 points
 45 – 54 years 4 points
 55 – 64 years 6 points
 65 years or over 8 points

2. Your gender

- Female 0 points
 Male 3 points

3. Your ethnicity/country of birth:

3a. Are you of Aboriginal, Torres Strait Islander, Pacific Islander or Maori descent?

- No 0 points
 Yes 2 points

3b. Where were you born?

- Australia 0 points
 Asia (including the Indian sub-continent), Middle East, North Africa, Southern Europe 2 points
 Other 0 points

4. Have either of your parents, or any of your brothers or sisters been diagnosed with diabetes (type 1 or type 2)?

- No 0 points
 Yes 3 points

5. Have you ever been found to have high blood glucose (sugar) (for example, in a health examination, during an illness, during pregnancy)?

- No 0 points
 Yes 6 points

6. Are you currently taking medication for high blood pressure?

- No 0 points
 Yes 2 points

7. Do you currently smoke cigarettes or any other tobacco products on a daily basis?

- No 0 points
 Yes 2 points

8. How often do you eat vegetables or fruit?

- Everyday 0 points
 Not everyday 1 point

9. On average, would you say you do at least 2.5 hours of physical activity per week (for example, 30 minutes a day on 5 or more days a week)?

- Yes 0 points
 No 2 points

10. Your waist measurement taken below the ribs (usually at the level of the navel, and while standing)

Waist measurement (cm)

For those of Asian or Aboriginal or Torres Strait Islander descent:

- | Men | Women | |
|------------------|-----------------|-----------------------------------|
| Less than 90 cm | Less than 80 cm | <input type="checkbox"/> 0 points |
| 90 – 100 cm | 80 – 90 cm | <input type="checkbox"/> 4 points |
| More than 100 cm | More than 90 cm | <input type="checkbox"/> 7 points |

For all others:

- | Men | Women | |
|------------------|------------------|-----------------------------------|
| Less than 102 cm | Less than 88 cm | <input type="checkbox"/> 0 points |
| 102 – 110 cm | 88 – 100 cm | <input type="checkbox"/> 4 points |
| More than 110 cm | More than 100 cm | <input type="checkbox"/> 7 points |

Add up your points

Your risk of developing type 2 diabetes within 5 years*:

- 5 or less: Low risk**
 Approximately one person in every 100 will develop diabetes.
- 6 – 11: Intermediate risk**
 For scores of 6–8, approximately one person in every 50 will develop diabetes. For scores of 9–11, approximately one person in every 30 will develop diabetes.
- 12 or more: High risk**
 For scores of 12–15, approximately one person in every 14 will develop diabetes. For scores of 16–19, approximately one person in every seven will develop diabetes. For scores of 20 and above, approximately one person in every three will develop diabetes.

*The overall score may overestimate the risk of diabetes in those aged less than 25 years.

If you scored 6–11 points in the AUSDRISK you may be at increased risk of type 2 diabetes. Discuss your score and your individual risk with your doctor. Improving your lifestyle may help reduce your risk of developing type 2 diabetes.

If you scored 12 points or more in the AUSDRISK you may have undiagnosed type 2 diabetes or be at high risk of developing the disease. See your doctor about having a fasting blood glucose test. Act now to prevent type 2 diabetes.

Did you score **12** or more?

If you scored **12 or more** you are at high risk of developing diabetes in the **next 5 years**.

For scores of 12–15, approximately **one** person in every **fourteen** will develop diabetes.



For scores of 16–19, approximately **one** person in every **seven** will develop diabetes.



For scores of **20 and above**, approximately **one** person in every **three** will develop diabetes.



Take action on **type 2 diabetes**

Type 2 diabetes can be triggered by being inactive and carrying excess weight.

Healthy eating and regular exercise can delay or prevent the onset of type 2 diabetes.

Changing your lifestyle is not easy to do on your own.

By joining a course or using the telephone health coaching service, you will have a greater chance of achieving and maintaining lifestyle changes.

Call **13 RISK (13 7475)**

What is type 2 diabetes?

You can have type 2 diabetes and not know it because there may be no obvious symptoms.

People with diabetes have a higher risk of heart disease, stroke, high blood pressure, circulation problems, amputation, nerve damage and damage to the kidneys and eyes.





Type 2 diabetes is a chronic (long-term) disease marked by high levels of sugar in the blood. It occurs when the body does not produce enough insulin (a hormone released by the pancreas) or respond well enough to insulin.

Type 2 diabetes is the most common form of diabetes. There are approximately 1 million people with type 2 diabetes currently. This figure is expected to increase significantly in the coming years.

Get more information

If you scored 6–11 you are at intermediate risk. Call **13 RISK (13 7475)** for information about lowering your risk of developing type 2 diabetes.

You can also get assistance with this risk test and find out more about **Life! Taking Action on Diabetes** courses or the telephone health coaching service.

-  Visit your doctor or pharmacist
-  Call the Diabetes Infoline – **13 RISK (13 7475)**
-  Visit **Life!** – www.diabetesrisk.org.au
-  Email – life@diabetesvic.org.au

13 RISK (13 7475)

www.diabetesrisk.org.au