



<p>Please affix patient label or complete</p> <p>URN <input style="width:100%;" type="text"/></p> <p>Family name <input style="width:100%;" type="text"/></p> <p>Given names <input style="width:100%;" type="text"/></p> <p>Date of birth <input style="width:100%;" type="text"/></p> <p>Sex <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Address <input style="width:100%; height: 30px;" type="text"/></p> <p>Phone number <input style="width:100%;" type="text"/></p> <p>Day/time for call <input style="width:100%;" type="text"/></p>	<p>Diagnosis</p> <p><input type="checkbox"/> Type-2 diabetes</p> <p><input type="checkbox"/> Pre-diabetes</p> <p><input type="checkbox"/> Coronary heart disease</p> <p><input type="checkbox"/> COPD</p> <p>Date of discharge</p> <p><input style="width:100%;" type="text"/></p> <p>Referral documented in patient health record?</p> <p><input type="checkbox"/> Yes</p>	<p>Referring site: <input style="width:100%;" type="text"/></p> <p>Health practitioner's name: <input style="width:100%;" type="text"/></p> <p>I have:</p> <ul style="list-style-type: none"> • given the patient a verbal explanation of The COACH Program or provided the patient with a copy of The COACH Program brochure which details their privacy rights. • informed the patient that their personal information, including health information, will be provided to the Department of Health, for referral to The COACH program. • informed the patient that the Department of Health will contact them direct in relation to their referral and participation in The COACH Program. <p><input type="checkbox"/> Yes</p> <p>Comments: <input style="width:100%; height: 30px;" type="text"/></p>
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Personal information, including sensitive information, collected by the Department of Health is handled in accordance with the *Information Privacy Act 2009*. The purpose of this form is so that patients may be referred to The COACH program for care and treatment. All personal information will be securely stored and only accessible by authorised officers of the department. Personal information will not be disclosed to third parties without consent, unless required or authorised by law.

For information about the right to access personal information visit [Health records and personal information](http://www.health.qld.gov.au/system-governance/records-privacy/health-personal/default.asp) on the Queensland Health website (<http://www.health.qld.gov.au/system-governance/records-privacy/health-personal/default.asp>)

Send completed form to COACH by email coach@health.qld.gov.au or fax (07) 3259 8534

Date sent