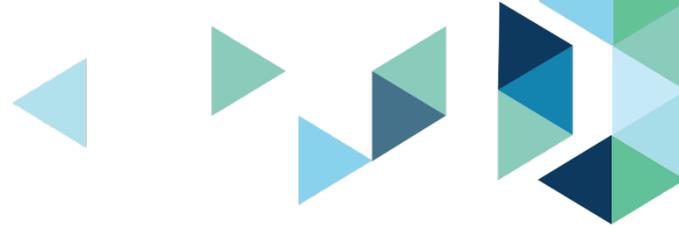


PCCS Sports on Prescription Referral Form



What is Sports on Prescription?

Sports on Prescription links people to **FIVE** free sports sessions of their choice that are local and community based, connecting them with a social prescribing link worker to improve their health, wellbeing and quality of life.

Sports on Prescription Link Workers can assist people to find sports such as:

- **Physical Activity Programs** like walking groups, chair yoga, lawn bowls, pickle ball etc
- **Social Programs** in community sport centres, Outdoor Queensland events and groups

Participants in **Social Prescribing** have reported improvements in health and wellbeing, quality of life, socialisation, social contacts, health related behaviours, and day-to-day functioning, and reductions in frequency of health service utilisation, pain and mental ill health.

See DOI [10.25082/AHB.2020.01.001](https://doi.org/10.25082/AHB.2020.01.001) for more information.

Eligibility

Who is eligible?

- People over the age of 18 and experiencing social isolation and have a chronic disease management plan or more at risk of poor health outcomes associated with social determinants of health
- People over the age of 18 who live within a 6km radius in the following areas:
 - Upper Coomera area
 - Carrara and Nerang area
 - Burleigh Waters area

Who is not eligible?

- Individuals with medical conditions who have not yet received approval from their healthcare provider
- Any person experiencing severe or acute mental health concerns
- People who reside outside the above areas

Where are you referring from?

Date of Referral

Title & First Name	Last Name
GP Practice/Organisation	Provider #
Address	Post Code
Phone No.	Email
Fax No.	HealthLink EDI

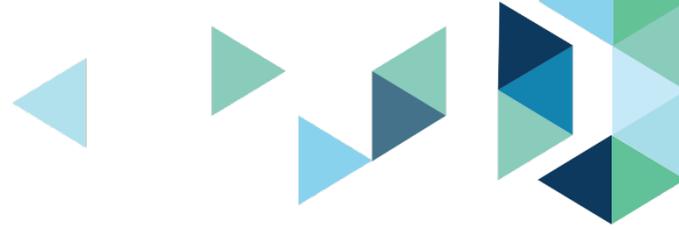
Who are you referring?

First Name	Last Name
Preferred Name	Date of Birth
Address	Post Code
Phone No.	Email
Consent to referral	Gender
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

Additional patient information

Country of birth	Main language spoken at home?
Aboriginal <input type="checkbox"/> YES <input type="checkbox"/> NO	Communication or support required <input type="checkbox"/> YES <input type="checkbox"/> NO
Torres Strait Islander <input type="checkbox"/> YES <input type="checkbox"/> NO	Please specify any specific client needs.
<i>(If needed tick both)</i>	

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Does the person have caring responsibilities?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown		
Does the client have a chronic disease or at risk of poor health outcomes associated with social determinants of health?	<input type="checkbox"/> Long Term Chronic Health Condition <input type="checkbox"/> At risk of poor health outcomes associated with social determinants of health		
Employment status	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Pension	Please provide details of long-term health conditions	
Consent	<input type="checkbox"/> Being referred to the Sports on Prescription program and being contacted by the program providers	Recent Hospitalisation?	<input type="checkbox"/> YES (Previous 6 Months) <input type="checkbox"/> NO
Clinical Recommendation	<input type="checkbox"/> Cleared for participation with modifications		

Current physical activity level

Sedentary (little or no exercise)	<input type="checkbox"/>	Additional information:
Lightly active (light exercise 1-3 days/week)	<input type="checkbox"/>	
Moderately active (moderate exercise 3-5 days/week)	<input type="checkbox"/>	
Very active (vigorous exercise 6-7 days/week)	<input type="checkbox"/>	

Activity type/preference prescription



Bowls (free voucher)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Volunteering role in a sports club rather than participating in a sport	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pickel ball (free voucher)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Free or small fee yoga or workout groups	<input type="checkbox"/> YES <input type="checkbox"/> NO
Aqua Fitness (free voucher)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Free walking groups	<input type="checkbox"/> YES <input type="checkbox"/> NO
Tennis (free voucher)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Other	

Anything else we need to know?

Please describe main concerns and any relevant information (including cultural, medical, medication, developmental, social, emotional, or trauma history).	
Please attach any plans/history	<input type="checkbox"/> YES – I am attaching relevant medical history and/or current treatment plans

RETURN REFERRAL: *Email to gctriage@pccs.org.au or Fax to 07 3186 4099*
For more information call us 07 3186 4000