PATIENT REGISTRATION *(GP to complete)*

ABOUT THE PROGRAM

Active Measures™ provides members of the community with exercise and diet support in order to lead healthier lifestyles. Services are provided by Accredited Exercise Physiologists (AEP) and Accredited Practising Dietitians (APD), with Medicare and Private Health rebates available.

Exercise appointments involve education, support and an individually tailored home exercise program based on the patient's abilities, conditions and goals. Patients are given the opportunity to purchase small sized home exercise equipment from Arche Health and are informed about appropriate ongoing community based exercise programs.

Dietitian appointments are tailored to the individual's requirements. The APD can advise on the dietary management of issues including but not limited to weight loss, bariatric surgery, general healthy eating, type 2 diabetes mellitus, hyperlipidaemia, hypertension, gut health/IBS, coeliac disease and anaemia.

ELIGIBILITY CRITERIA

≥18 years of age.

SERVICES REQUIRED

□ Individual dietetic services □ Individual exercise physiology*

***If you have referred your patient for exercise above, you are deeming your patient medically fit to participate in light to moderate physical activity.**

Does your patient have a GPMP and TCA in place?	□ Yes	□ No
If you answered yes, have you attached a *Referral Form for Individual Allied Health Services?*	□ Yes	□ No
Have you discussed the gap fees with your patient? The attached fee schedule outlines the associated fees.	□ Yes	□ No

PATIENT DETAILS

Name	

TEST RESULTS (or attach relevant copies)

Height	m	Total Cholesterol:	mmol/L
Weight	kg	Cholesterol HDL:	mmol/L
Waist	cm	Cholesterol LDL:	mmol/L
BMI (>30)		TG:	mmol/L
BSL Fasting		HBA1c	%
BSL Random		Blood pressure	mm HG

PLEASE TICK ALL THAT APPLY

□ Physical inactivity	□ Current smoker	□ Osteoporosis
□ Hyperlipidaemia	□ Ex-smoker	□ Osteoarthritis
□ Hypertension	□ Type 1 diabetes	□ Stroke
□ Visual impairment	□ Type 2 diabetes	

□ Heart disease/condition: _____

□ Joint or spinal condition: _____

□ Respiratory condition: _____

□ Other. Including recent hospitalisation/ surgery: _____

REFERRING GP'S DETAILS

GP Name			
GP Practice			
GP Signature		**Date**	

Unit 4/1140 Albany Highway Bentley WA 6102
PO Box 268 Bentley WA 6982
t (08) 9458 0596 f (08) 9458 0555
www.archehealth.com.au/AM
activemeasures@archehealth.com.au
Arche Health Ltd (ABN 82 061 656 577)

PATIENT REGISTRATION *(Patient to complete)*

CLIENT DETAILS			
Name			
Address			
Date of Birth		**Gender**	
Email			
Phone (Home)		**Phone (Mobile)**	
Private Health Insurance	□ Yes □ No	**Fund Name**	

EMERGENCY CONTACT			
Name		**Phone**	

PATIENT'S CURRENT PHYSICAL ACTIVITY LEVELS *(please circle)*					
1. Can you walk 300m unaided?	□ Yes		□ No		
2. How would you rate your current level of fitness?	**Poor** 1	**Fair** 2	**Good** 3	**Very Good** 4	**Excellent** 5
3. How would you rate your current level of strength?	**Poor** 1	**Fair** 2	**Good** 3	**Very Good** 4	**Excellent** 5
4. How would you rate your balance?	**Poor** 1	**Fair** 2	**Good** 3	**Very Good** 4	**Excellent** 5

PATIENT CONSENT/LIABILITY DISCLAIMER

ACTIVE MEASURES® Program

I, _____ have enrolled in the ACTIVE MEASURES® Program offered by Arche Health Limited.

I acknowledge that my enrolment and subsequent participation is purely voluntary and in no way mandated by Arche Health Limited. In consideration of my participation in this program, I release and discharge Arche Health, its employees, directors, contractors, volunteers and agents (collectively "Releasees") jointly and severally from all actions, causes of actions, claims and demands for, upon or by reason of any damage, loss or injury which may be sustained as a result of;

i. my voluntary participation in the program
ii. negligent or other acts caused by the Releasee(s), whether directly or indirectly connected to these activities
iii. the condition of the premises where the program occurs

This waiver shall be binding upon my heirs, executors, administrators, spouse, next of kin, guardian or legal representatives. I give consent for the Active Measures staff of Arche Health, to access and store relevant medical records of mine to assist with treating my condition and for the evaluation of the program. All information provided is treated as strictly confidential and will not be released unless required to do so by law. I give consent for the Allied Health Professionals to communicate with my GP as required. I give consent to program staff to call for an ambulance should medical assistance be required.

I SIGN THIS DISCLAIMER VOLUNTARY FULLY ACKNOWLEDGING THAT I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENTS.

Participant Signature		**Date**	

Please fax <u>both pages of this form</u> and any relevant Medicare or blood result paperwork to 9458 0555

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ACTIVE MEASURES - FEE SCHEDULE

	DIETETICS INITIAL VISIT (1 hour)	DIETETICS REVIEW (30 mins)	GROUP EDUCATION SESSIONS (1 hour)
MEDICARE (Individual Allied Health Services) Out of pocket	$37.05	$17.05	$15
PRIVATE HEALTH	See own Health Fund and cover type for predicted rebate	See own Health Fund and cover type for predicted rebate	See own Health Fund and cover type for predicted rebate
FULL FEE	$90	$70	$15

	EXERCISE PHYS INITIAL VISIT (1 hour)	EXERCISE PHYS REVIEW (30 mins)
MEDICARE (Individual Allied Health Services) Out of pocket	$37.05	$17.05 or Bulk Billed with concession card
PRIVATE HEALTH	See own Health Fund and cover type for predicted rebate	See own Health Fund and cover type for predicted rebate
FULL FEE	$90	$70

ArcheHealth
making sense of care

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