SFF ID CODE:

|  |  |  |
| --- | --- | --- |
| Issue | Type of referral  (*circle*) | Comments / Action |
| Nil referral required for this participant at this workshop ❑ | | |
| Fasting cholesterol - Total ≥ 5.5mmol  LDL < 1.0 | Written  Self |  |
| Fasting blood glucose level ≥ 5.5mmol | Written  Self |  |
| Blood pressure ≥ 140/90 | Written  Self |  |
| Pulse rate concern or irregular | Written  Self |  |
| Eye sight | Written  Self |  |
| Skin spot / Lesion check | Written  Self |  |
| PSA / DRE | Written  Self |  |
| Breast screen | Written  Self |  |
| Pap smear | Written  Self |  |
| Depression / Anxiety / Stress | Written  Self |  |
| Respiratory – FEV1/FEV6 <.75% / SOB | Written  Self |  |
| Other – (*details*) | Written  Self |  |
|  |  |  |

Referral Notes – workshop one