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 | WrittenSelf |  |
| Fasting blood glucose level ≥ 5.5mmol | WrittenSelf |  |
| Blood pressure ≥ 140/90 | WrittenSelf |  |
| Pulse rate concern or irregular | WrittenSelf |  |
| Eye sight | WrittenSelf |  |
| Skin spot / Lesion check | WrittenSelf |  |
| PSA / DRE | WrittenSelf |  |
| Breast screen | WrittenSelf |  |
| Pap smear | WrittenSelf |  |
| Depression / Anxiety / Stress | WrittenSelf |  |
| Respiratory – FEV1/FEV6 <.75% / SOB | WrittenSelf |  |
| Other – (*details*) | WrittenSelf |  |
|  |  |  |

Referral Notes – workshop one