When to Refer: Quick-Reference Card

Module 3, Lesson 3.2 · Foundational Certificate level. Formal scope-of-practice and referral teaching continues in Module 7 (Clinical Application & Ethics); this card is a working reference, not a regulatory document.

Core principle

Flag, do not manage. A risk cluster you cannot clinically screen or treat is in scope to flag — to the person and, with their agreement, to their GP — but not in scope to manage directly.

Red flags — refer regardless of track

• Unintended, significant weight loss

• Rectal bleeding or persistent change in bowel habits

• Severe or worsening pain

• Symptoms that do not fit a lifestyle-modifiable pattern (sudden onset, focal neurological symptoms, chest pain, and similar presentations)

• Any presentation where your own confidence is low — **uncertainty itself is a valid and sufficient reason to refer**

Three-way threshold

Route	When it applies
GP referral	Any red flag; a finding outside a lifestyle-modifiable pattern; a cluster of risk markers needing clinical screening (e.g. Richard: family stroke history + high-normal glucose + elevated hs-CRP); or low confidence in the picture.
In-scope lifestyle intervention	A clear, history-explained pattern with no red flags, where the HSI Method and gut-restoration sequence can act on Regimen, Mind, Exposome or Connection & Purpose findings.
Watchful monitoring	A borderline or early finding with no red flags, tracked in Measure with a defined review point and an agreed trigger for escalation.

Escalation ladder

1. **Routine GP referral** — for any red flag, an out-of-pattern finding, or a risk cluster needing clinical screening. Document what you flagged and what you advised.

2. **Prompt medical assessment** — new exertional chest tightness needs prompt medical assessment. Say so plainly; do not wait for the next scheduled review.

3. **Emergency help** — ongoing, severe or concerning symptoms need emergency help. Stop coaching immediately and do not speculate about the cause.

Coach vs practitioner roles

Practitioners hold clinical history, examination, reasoning and planning within their professional scope and registration.

Coaches use relationship and process skills. They do not diagnose, do not interpret unreviewed results, and do not make medication decisions. If any of those arise, that is a referral moment, not a scope stretch.

Both tracks: know the red flags, state your threshold out loud, and record the judgement you made.

Documentation prompts — write these down at the time

• What was observed or reported, in the person’s own words where possible

• What was in scope, what was not, and why (name the threshold you used)

- What was advised or agreed, and what the person chose
- The safety-net: what should trigger review or escalation, and by when
- Who owns follow-up, and the date of the next review point

Documentation note: keep records factual and non-identifiable where you work outside a clinical record system; follow your own professional body’s record-keeping rules when you hold one.

Source: HSI Module 3, Lesson 3.2 (Knowing Your Boundary). Scope and referral boundaries are formally taught in Module 7.