

When to Refer — Quick Reference

Foundational level · Module 3, Lesson 3.2 · Scope and referral

RED FLAGS — REFER, REGARDLESS OF TRACK

- Unintended, significant weight loss
- Rectal bleeding or persistent change in bowel habits
- Severe or worsening pain
- Symptoms that don't fit a lifestyle-modifiable pattern (sudden onset, focal neurological symptoms, chest pain, etc.)
- Any presentation where your own confidence is low — uncertainty itself is a valid and sufficient reason to refer

THE CORE PRINCIPLE

A coach or practitioner working from the HSI Model and Method is not diagnosing. The Model organises information, the Method structures a coaching/lifestyle plan, and neither replaces clinical assessment. Knowing this boundary is part of using the tools well.

THREE-WAY THRESHOLD (Practitioner-track preview of Module 7)

GP REFERRAL

Any red flag; a finding outside a lifestyle-modifiable pattern; a cluster of risk markers needing clinical screening; 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 sequence can act on Regimen, Mind, Exposome or Connection 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.

WORKED EXAMPLE — RICHARD, CHECKPOINT 12

No acute red flags. But family stroke history (father, 61) plus high-normal fasting glucose (5.6 mmol/L) and elevated hs-CRP (2.1 mg/L) together are worth a GP conversation about cardiovascular risk screening — in scope to flag, not to manage directly.