

## Nutrition & Dietetics Gastroenterology Outpatient Referral Form

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of referrer: \_\_\_\_\_ Phone: \_\_\_\_\_

Managing Doctor/Specialist: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (must reside within St George or Sutherland local health districts): \_\_\_\_\_

MRN (if applicable): \_\_\_\_\_ DOB: \_\_\_\_\_

Current height: \_\_\_\_\_ Current weight: \_\_\_\_\_ Current BMI: \_\_\_\_\_

### Reason for referral:

- Inflammatory Bowel Disease (Crohns/Ulcerative Colitis)
- Liver disease, Hepatocellular Carcinoma (HCC) or Hepatitis
- Chronic or recurrent pancreatitis
- Gastrointestinal surgery requiring nutritional management
- Motility disorders: Gastroparesis, achalasia, cyclic vomiting syndrome, pseudo-obstruction
- Eosinophilic esophagitis (EOE)

### Reason for referral (eligible for 4 appointments):

- Irritable Bowel Syndrome
- Coeliac disease (newly diagnosed or requiring re-education)
- Dysphagia (deterioration from baseline)
- Other (as deemed appropriate by GP e.g. significant ongoing GI symptoms – thoroughly investigated (nausea/vomiting/diarrhoea))

Additional Information (relevant medical and social history, medications, allergies, interpreter required etc.):

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**Please fax or email this referral to our office.  
If eligible, we will notify the patient that we have received the referral and ask them to  
contact us to arrange an appointment.**

### Department of Nutrition & Dietetics

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