

Nutrition & Dietetics Outpatient Referral Form

Date: ___ / ___ / ___

Name of referrer: _____ Phone: _____

Managing Doctor: _____

Patient's Name: _____ Phone: _____

Address: _____

MRN (if applicable): _____ DOB: _____

Current height: _____ Current weight: _____

Current BMI: _____

Reason for referral:

- Underweight (BMI <18.5 if under 65, BMI <24 if over 65)
- Unplanned weight loss >5%

Reason for referral (eligible for 4 appointments):

- Weight above the healthy range (BMI >30)
 - If BMI 25-30, refer to Get Healthy Service
- Diabetes and not eligible for the Diabetes Education Centre – T1DM, T2DM or Gestational (indicate type below, and include HbA1c if applicable)
- Pre-diabetes (relevant results required prior to referral acceptance)
- Hyperlipidemia (relevant results required prior to referral acceptance)
- Hypertension, blood pressure: _____
- Heart failure
- Other (as deemed appropriate by GP)

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

**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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