

Nutrition & Dietetics Gastroenterology Outpatient Referral Form

Date: ___ / ___ / ___

Name of referrer: _____ Phone: _____

Managing Gastroenterologist or Surgeon:

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
- Liver cirrhosis, Hepatocellular Carcinoma (HCC)
- 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 impacting nutritional status
- Other (as deemed appropriate by specialist e.g. significant ongoing GI symptoms – thoroughly investigated (nausea/vomiting/diarrhoea))

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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