



# Community Dietitian Referral Form



## Education type

<input type="checkbox"/> One on one consultation	<input type="checkbox"/> Healthy eating group session	<input type="checkbox"/> Supermarket tour
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## Patient details

<b>Full name</b>		<b>D.O.B</b>	
<b>Address</b>			
<b>Contact ph</b>		<b>Ethnicity</b>	Maori* / Pacific / NZ Euro / Other
<b>NHI</b>		<b>Gender</b>	M / F
<b>GP</b>		<b>GP Clinic</b>	
<b>*Iwi</b>		<b>*Hapu</b>	
<b>Next of kin</b>			

## Referrer

<b>Name</b>		<b>Ph number</b>	
<b>Position</b>		<b>Fax number</b>	
<b>Organisation</b>		<b>Email</b>	

## Reason for referral

<i>(Tick one or more)</i>	<i>Prompts – (record data in the biochemistry section)</i>
<input type="checkbox"/> <b>Weight loss</b>	Include weight, height, BMI and waist circumference
<input type="checkbox"/> <b>CVD</b> <input type="checkbox"/> History <input type="checkbox"/> High risk	Include lipid profile, CVD risk assessment results, and blood pressure etc
<input type="checkbox"/> <b>Diabetes</b> <input type="checkbox"/> T1DM <input type="checkbox"/> T2DM	Current diabetes therapy: <input type="checkbox"/> Diet <input type="checkbox"/> Medication <input type="checkbox"/> Insulin  Is the DAR been completed in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No  Include HbA1c, or other blood glucose recordings
<input type="checkbox"/> <b>Other (please state)</b>	

## Patients Medical Information

<b>Active medical problems</b>	
<b>Medical history</b>	
<b>Biochemical results (attach most recent relevant info)</b>	
Wt / Ht / BMI / WC etc Lipid profiles CVD risk assessment (%) HbA1c / BGL's Other:	
<b>Medications</b>	
<b>Other relevant information for referral</b>	

Please send the completed forms to Krystal Somner via email: [k.somner@temanutoroa.org.nz](mailto:k.somner@temanutoroa.org.nz), or fax: (07) 577 4198. Contact Krystal via phone (07) 577 4193 or 027 817 8585 if you have any further queries.