

RURAL PRIMARY HEALTH SERVICES - REFERRAL FORM DIETETICS

Patient to be seen at: Hunter Nutrition Specialists trading as Compass Dieticians Pty Ltd

Referral Date:			
Referring GP:		Provider No:	
GP Contact Details:	Tel:	Fax:	
Patient Name:			
Patient DOB:		Male	Female
Patient Address:			
Patient Telephone(s):	(h)	(m)	
Medicare/DVA number:			
Consent:	Has the patient consented to this referral? Yes No		
ATSI:	No	Aboriginal	Torres Strait Islander Unknown
Educational status:	Primary Secondary (Yr 10 equivalent) Secondary (Yr 12 equivalent) Tertiary Unknown		
Living arrangements:	Lives Alone	Family/Carer	Friend Unknown
Reason for Referral:	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Cardiac Unstable Diabetes Dysphagia/Modified consistency Enteral Feeding – Nasogastric/ PEG Recently Diagnosed Diabetes Gestational Diabetes Obesity/ overweight + co-morbidities </div> <div style="width: 50%;"> Diagnosed Food Allergy/ Intolerance Prolonged Wound Healing or Infection Renal / Hepatic Failure Eating Disorder Paediatric: _____ Gastrointestinal: _____ Other (Specify) _____ </div> </div>		
GP signature:			

Please fax this referral form to: Hunter Nutrition Specialists
 t/as Compass Dieticians Pty Ltd
 12/34 John St Warners Bay NSW 2282
 Ph: 02 4947 1733 Fax: 02 4948 9964
 Email: kelly.stephenson@bigpond.com