ADELAIDE GASTROINTESTINAL SPECIALISTS

REFERRAL TO SPECIALIST DIETITIAN

LOUISE MUDGE
Accredited Practising Dietitian
BSc (Hons.) MND APD

Patient's details:

*Name:*_____

*D.O.B:*_____/_____/_____

*Contact Number:*_____

Or place label if applicable

Indication(s):

- [ ] Irritable bowel syndrome (IBS)
- [ ] Gastro-oesophageal reflux disease (GORD)
- [ ] Oesophageal motility disorders
- [ ] Pancreatic cancer
- [ ] Gastric cancer
- [ ] Non-alcoholic fatty liver disease (NAFLD)
- [ ] Patient-motivated weight management
- [ ] FODMAP DIET
- [ ] Achalasia
- [ ] Oesophageal cancer
- [ ] Pancreatic insufficiency
- [ ] Coeliac disease
- [ ] Non-alcoholic steatohepatitis (NASH)
- [ ] Disaccharidase deficiency(ies)
- [ ] GP Management Plan & Team Care Arrangement **please attach to this referral*

Medical history/ notes:

Height:_____cm Weight: _____kg BMI: _____

Referring doctor's details:

*Name:*_____

*Provider No.:*_____

*Practice Name:*_____

*Contact No.:*_____

Or stamp here

*Signature:*_____

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