**WellSouth Dietitian Referral Form**

**Date of Referral:**

**Patient Details**

**Name: NHI:**

**DOB: Gender:**

**Address: Ethnicity:**

**Phone:**

**Email:**

**GP Practice:**

**Reason for Referral:**

**Diagnoses:**

**Observations:**

**Weight:**

**Height:**

**BMI:**

**Education Option Selection (please circle/highlight):**

**Healthy Lifestyle Group Kai for Life**

Either in person or online

**One on One session**

For individuals not suited to group sessions

Either in person, online or telephone

**Additional Information (please include as much detail as possible):**

**Referrer Details**

**Name:**

**Role:**

**Address:**

**Phone:**

**Email:**

**Please email referrals to:**

dietitians@wellsouth.org.nz