



PRIORITY ALLIED HEALTH SERVICES – Referral
Help Yourself Nutrition & Dietetics

Bulahdelah Dungog Gloucester Taree Tea Gardens/Hawks Nest

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:			
Cardiac	Diagnosed Food Allergy/Intolerance		
Dysphagia/Modified consistency	Eating Disorder		
Enteral Feeding-Nasogastric/PEG	Gastrointestinal		
Gestational Diabetes	Obesity/overweight +co-morbidities		
Pediatric_____	Prolonged Wound Healing or infection		
Recently Diagnosed Diabetes	Renal/Hepatic Failure		
Unstable Diabetes	Other (Specify) _____		
GP signature:			

Please fax this referral form to: *Help Yourself Nutrition & Dietetics*

Kerith Duncanson (APD)

Fax : 1300 654 885

Ph: 1300 652 620

Email: kerith@helpyourself.com.au

Mail Address: PO Box 259, The Junction NSW 2291