

TO BE COMPLETED BY THE GP

Patient referral to:
Weight Loss Surgery
36 Grey Street
Hamilton
New Zealand

Ph: 07 859 0185
Fax: 07 859 0187

Name:
Date of Birth:
Sex:
NHI number:
Address:

Email:
Home Phone Number:
Mobile Phone Number:

Weight:
Height:
BMI:

Medications:

Allergies:

Previous surgery:

Other illnesses:

Reason for requesting obesity surgery:

GP name, practice address, email address and phone number:

GP Practice Stamp:

Dear **Dr,**

We require our patients who have undergone bariatric surgery in the form of gastric bypass and sleeve gastrectomy, to have frequent blood tests so that we can monitor nutritional levels and determine any potential health problems before they occur. The tests we require are below:

Rooms PH: 07 859 0185 and Fax 07 859 0187

NZMC NO: 11192 **Code:** SCHR D

Pre Gastric Surgery

LIVER FUNCT.	Na / K	
RENAL	HbA1c	
Urea	Creatinine	
Electrolytes	Zinc	
Ca ⁺⁺ /PHOS		
Proteins	CBC	
Total Protein	Fe/IBC/Trans	
Albumin	Ferritin	B12/Folate
LIPIDS		

The following tests are those that are necessary post bariatric surgery (at 4, 8, 12, 18 and 24 months):

LIVER FUNCT.	Na / K	RENAL	
HbA1c	Zinc		
Urea	Creatinine	Electrolytes	Ca ⁺⁺ /PHOS
Proteins	CBC		B12/Folate
Total Protein	Fe/IBC/Trans		
Albumin	Ferritin		
Lipids			

If you require any further clarification, please do not hesitate to contact me on 07 859 0185.

Thank you for your assistance in this matter.

Kind Regards,

David Schroeder