

TO BE COMPLETED BY THE GP

Patient referral to:
Weight Loss Surgery
666 High Street
Boulcott Wellington
New Zealand

Ph: 04 570 1421
Fax: 04 560 3737

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: 04 570 1421 and Fax 04 560 3737

NZMC NO: 22595 **Code:** SUROBEW

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 04 570 1421.

Thank you for your assistance in this matter.

Kind Regards,

Atul Dhabuwala