

TO BE COMPLETED BY THE GP

Patient referral to:
Surgical Obesity Service Hamilton
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, gastric banding and sleeve gastrectomy, to have frequent blood tests so that we can monitor nutritional levels and determine any potential health problems before they occur.

Rooms PH: 07 859 0185 and Fax 07 859 0187

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

Pre Gastric Bypass Surgery

LIVER FUNCT. Na / K

RENAL **Fasting Glucose**

Urea **Creatinine**

Electrolytes

Ca⁺⁺/PHOS

Proteins **CBC**

Total Protein Fe/IBC/Trans

Albumin Ferritin B12/Folate

LIPIDS - Fasting Lipids

Se Insulin

C-Peptide

The following tests are those that are necessary post bariatric surgery (at 3, 6, 9 and 12 months):

LIVER FUNCT. Na / K **RENAL**

Fasting Glucose

Urea **Creatinine** **Electrolytes** Ca⁺⁺/PHOS

Proteins **CBC** B12/Folate

Total Protein Fe/IBC/Trans

Albumin Ferritin

Fasting 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