

TO BE COMPLETED BY THE GP



Patient referral to:

Tailor Clinics
36 Grey Street
Hamilton
New Zealand

Ph: 07 859 0185

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:

Tailor Clinics T: 07 859 0185 E:reception@tailorclinics.co.nz

NZMC NO: 21476 **Code:** SCHRD

Pre and Post Bariatric Surgery (4, 8,12 and 24 mth):

LIVER FUNCT.	Na / K
RENAL	HbA1c
Urea	Creatinine
Electrolytes	Zinc
Ca++/PHOS	
Proteins	CBC
Total Protein	Fe/IBC/Trans
Albumin	Ferritin
LIPIDS	B12/Folate
PTH	B6
CRP	

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

Thank you for your assistance in this matter.

Kind Regards,

Surgeons @ **Tailor Clinics**