



**Kimi Hauora Wairau Marlborough PHO  
 REFERRAL FORM Food and Activity Behaviors (FAB), Physical Activity (Green Prescription)  
 And / or Dietitian**

- FAB (Green Prescription & Dietitian)
- or  Physical Activity (Green Prescription)
- or  Dietitian

Name: \_\_\_\_\_  
 NHI: \_\_\_\_\_ Phone: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Ethnicity: \_\_\_\_\_  
 Gender: \_\_\_\_\_

Address: \_\_\_\_\_

-----  
**Height:**            cm                    **Weight:**            kg                    **BMI:**            **Previous weights recorded:**  
**Waist circumference:**    cm            **BP:**                    **Cholesterol:**

**Relevant Classifications:**

**Smoking status:**     Current     Past             Never Smoked  
**Referred from VRA**    Y                 N                 VRA Risk %

**Relevant Medications:**

**Referring GP / Practice Nurse / Maori Health Provider**  
**Date of referral:**

-----  
**Reason for referral** –please indicate if previously or currently receiving support from Nutrition, Physical Activity or Behavioral Support services

**Additional information** (e.g. social support)

**Fax to 03 578 1198 or post to KHW Marlborough PHO, PO box 1091, Blenheim  
 For further information call the Dietitian on 03 520 6211 or Physical Activity Support on 03 520 6262**

