

**Kimi Hauora Wairau Marlborough PHO
REFERRAL FORM
Green Prescription and / or Dietitian**

Green Prescription (Exercise Support)
 Dietitian

Name:

NHI:

DOB:

Ethnicity:

Gender:

Phone:

Cell:

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:

Name of referrer:

Provider:

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 Exercise Support on 03 520 6262**