



re:you

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Patient Details

Name: _____

Address: _____

Suburb: _____

State: _____ Postcode: _____

Date of birth: _____ Phone: _____

Height (cm): _____ Weight (kg): _____ BMI: _____

Reason for Referral (please tick)

- BMI >30 BMI >27 with comorbidities

Medical History (please tick)

- Diabetes Osteoarthritis
 Hypertension Heart disease / atrial fibrillation
 Hypercholesterolaemia Fertility issues / PCOS
 Sleep apnoea Other

Medications

Previous Bariatric Surgery?

Which Surgeon _____

Referring Doctor _____

Practice _____

weight
management
solutions