# Letter of referral obesity clinic

**Patient details**

Name: ……………….……………….………………. First name: ……………….……………….

Date of birth: ……………….……………….……

Weight: ………………. Length: ………………. BMI: ……………….

**Weight history**

* No previous interventions
* Repeated dieting
* Already underwent bariatric surgery, specify ………………………………………………..
* Gastric banding
* Gastric sleeve
* Gastric bypass
* Weight regain (weight gain after a bariatric procedure)
* Medication
* Others

*Current complaints*

*Medication*

**Known comorbidities**:

* Diabetes
* Reflux (GERD)
* Arterial hypertension
* Sleep apnoea (OSAS)

**Others:**

……………….……………….……………….……………….……………….……………….……….……….……………….……………….……………….……………….……………….……………….……………….……………….……………….……………….……………….……………….……………….……………….……………….……………….………

**Requested therapeutic options for the patient:**

* Bariatric surgery
* Group therapy
* Individual programme
* Other

Signature doctor

# Information for the patient

Please have the following lab tests performed **nil by mouth** at your GP’s:

Haemoglobin Sodium TSH

RBC count + hematocrit Potassium Free T4

WBC count Chlorid C-peptide nil by mouth

Thrombocyte count Bicarbonate

WBC differential Ureum FSH

Prothrombin time Creatinine LH

APTT Uric acid Prolactin

Protein total

Iron Albumin Testosteron

Transferrin + % saturation Calcium total SHBG

Ferritin Phosphate Oestradiol

Vitamin B12 Glucose 25-hydroxy vitamin D

Folate (serum) HbA1c Parathormone (PTH) 1-84

Folate (RBC) Alkaline phosphatase Parathormone (PTH) 1-84 AST

Vitamin A ALT IGF-1

Vitamin E Gamma-GT

Bilirubin total Cortisol

Lipase Transcortin

LDH

CRP

Cholesterol total

Triglycerides

HDL + calculated LDL + calculated non-HDL

You will receive an appointment for a consultation.

Please bring the GP’s letter of referral as well as the results of the fasting blood sample to the consultation.

Please also bring a 24 hour urine collection to the consultation:

Instructions for the 24 hour urine collection:

It is important that you collect your urine for a period of 24 hours so that it can be examined.

You will start this the day before you come for your consultation in the hospital.

Please follow these guidelines:

* The day before coming to the hospital, the first urine when you get up in the morning can go in the toilet.
* From that moment onwards, you collect all urine from during the day and night in an orange urine container or in a clean bottle.
* You also collect the first urine of the following morning in the bottle.

This ensures a correct 24 hour urine collection.

Close the container well with the lid.

Put your name and date of birth on the bottle.