Instructions for New Clients seeking services: Medical Assessment Guidelines



- Step 1: Attend your GP to complete the referral, medical review and investigations.
- Step 2: Ask your GP to complete medical investigations as below.
- Step 3: Await contact from NNT and continue with regular GP and/or community support.

General Practitioner to complete: 1. Please ensure that all fields are completed including relevant medical information, physical examinations and measurements prior to submitting the referral. 2. The information can be recorded below, or on the relevant referral documentation (e.g. EDP) 3. Missing information will be considered an incomplete referral, which could delay the intake process									
CLIENT NAME:						CLIENT DOB:			
GP NAME:						ASSESSMENT DATE:			
Weight: Consider blind weigh to minimise anxiety / distress as required					ed	Reject weight trajectory:			
Height:						Temperature:			
BMI:						Perfusion Status:			
Lying Pulse:						Lying Blood Pressure:			
Standing Pulse:						Standing Blood Pressure:			
Current Eating Disorder Symptoms: Comorbid mental and physical health diagnoses: Current Risk Issues:									
Diagnostics as clinically indicated:									
ECG	FBE	UEC	LFTs	Са	Mg	PO4	Random glucose	TFTs	Iron studies
Referral Pathway (please attach separately)									

If medical observations are within normal parameters, please send this information and the referral by email to admin@nourishnurturethrive.com.au or by FAX to (03) 8738 1580.

Mental Health Care Plan (MHCP)

EPC / CDM

Eating Disorder Plan (EDP)

Private or Third Party