

THE WEIGHT MANAGEMENT CENTRE

GP referral form

Medical-Objects: The Weight Management Centre | ID 243624TH

Phone: 07 5230 7079 | Email: hello@twmc.com.au | www.twmc.com.au

1 Lake Orr Drive, Varsity Lakes QLD 4227

1. Patient details

Full name

Date of birth

Phone

Email

Address

2. Referring GP / health professional

Referrer name

Provider number (if applicable)

Practice name

Practice phone

Practice address

Practice email / secure correspondence details

3. Referral request and clinical information

Requested assessment / pathway (select any relevant options)

- | | | |
|--|--|--|
| ☐ Assessment / advice | ☐ Medical weight management | ☐ The Next Step Program |
| ☐ Endoscopic options | ☐ Surgical options | ☐ Follow-up / revision |

Reason for referral, goals and relevant concerns

Height (cm), if known

Weight (kg), if known

BMI, if known

Relevant medical / surgical history and previous weight-management treatment

Current medications (or attach a medication list)

Allergies / adverse reactions

Attachments included (if available)

- | | | | |
|---|--|---|--|
| ☐ Clinical summary | ☐ Medication list | ☐ Recent results | ☐ Other reports |
|---|--|---|--|

- ☐ Patient has agreed to this referral and to being contacted by TWMC.

Referrer signature / electronic signature

Date

Submit via Medical-Objects where available. For help with transmission, call our practice team.

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