**VERWIJZING DIËTETIEK**

Datum:

Naam arts/specialist:

Agbcode:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Naam cliënt:**  **Geb :**  **BSN :** |  |  | **Medicatie** | **Motivatie** |
| Overgewicht/obesitas | Lengte:  Gewicht: |  |  |  |
| Hartfalen |  |  |  |  |
| (pre) Diabetes | N | HBA1C | Metformin  Sulfuneum derivaten  GLP-1 agonisten  Insuline | Ja/nee  Ja/nee  Ja/nee  Ja/nee |
| Hypertensie | …./….. |  | Betablokkers | Ja/nee |
| Hypercholesterolemie | LDL  Totaal chol  Triglyceriden | Ratio  HDL | Statine | Ja/nee |
| Nierfunctie | EFGR |  |  |  |
| COPD/Astma |  |  | Puffers  Prednison |  |
| Slaapapneu |  |  |  |  |
| Stress |  |  |  |  |
| Overige Medicatie |  |  | Schildkliermedicatie  Antidepressiva  Anti-migraine | Ja/nee  Ja/nee  Ja/nee |
| Anders: |  |  |  |  |

Hulpvraag cliënt:

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Handtekening arts:…………………………………..