**VERWIJZING DIËTETIEK**

Datum:

Naam arts/specialist:

Agbcode:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Naam cliënt:****Geb :****BSN :**  |  |  | **Medicatie** | **Motivatie** |
| Overgewicht/obesitas | Lengte:Gewicht: |  |  |  |
| Hartfalen |  |  |  |  |
| (pre) Diabetes | N | HBA1C | MetforminSulfuneum derivatenGLP-1 agonistenInsuline  | Ja/neeJa/neeJa/neeJa/nee |
| Hypertensie | …./….. |  | Betablokkers | Ja/nee |
| Hypercholesterolemie | LDLTotaal cholTriglyceriden | RatioHDL | Statine  | Ja/nee |
| Nierfunctie | EFGR |  |  |  |
| COPD/Astma |  |  | PuffersPrednison  |  |
| Slaapapneu |  |  |  |  |
| Stress |  |  |  |  |
| Overige Medicatie |  |  | SchildkliermedicatieAntidepressivaAnti-migraine  | Ja/neeJa/neeJa/nee |
| Anders: |  |  |  |  |

Hulpvraag cliënt:

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Handtekening arts:…………………………………..