

# Rebecca Downes Consulting

Dietitian (APD) / Exercise Physiologist (AEP)

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**To:** Rebecca Downes

**From:** *Doctor's stamp or name and contact details*

**Patient's name:** \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for referral:

Medical history:

Medication:

Biochemistry:

Additional comments:

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Please note: Upfront payment of fees is required at the time of consult. Medicare or private health fund rebates may be available for a portion of this fee. There will be no gap charged for DVA clients.*