

General Practitioner Review

Patient Name:	
Surgery / Medical Indication:	
Referring Doctor:	
Intensiv Plan:	
Initial Weight (kg)	
Initial BMI (kg/m²)	

GP Name & Clinic:		DATE:	
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Blood Pressure – Sitting	
Blood Pressure – Standing	

PRESENT SYMPTOMS REVIEW *(List symptoms)*

MEDICATION REVIEW *(Detail dosage and any modifications)*

COMMENTS *(Including any modifications to diet regime prescribed above)*

I consent to _____ *(Patient Name)* continuing the Intensiv program as planned including a Very Low Calorie meal replacement regime.

Signed: _____ **Date:** _____