

Patient/Client Details

Full Name:

D.O.B

Address:

Phone Number:

Purpose of scan for this patient/client:

- Assess fat and lean mass changes in a person who is following a diet and exercise program where a whole-body composition scan may provide the information required to tailor their program to ensure they maintain healthy levels of body fat, avoid muscle wastage, remain healthy, prevent injury, predict cardiometabolic risk; or
- Sports Performance: This person is involved in sport where a whole-body composition scan will provide them with relevant information to allow them to change their training and dietary needs to ensure they maintain healthy levels of body fat, remain at good physical condition and prevent injury; or
- Assess fat and lean mass changes in an obese patient who has undergone bariatric surgery; or
- Clinically manage a patient with true muscle weakness or poor physical functioning due to injury or medical condition (e.g sarcopenia) where the impact on clinical outcomes is uncertain; or
- Assess fat distribution in a patient undergoing anti-retroviral therapy associated with a risk of lipodystrophy

Comments:

Referrer Name:

Date:

Referrer email and/or phone number:

Qualification of referrer:

- | | | |
|---|--|---|
| <input type="checkbox"/> Medical Practitioner | <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Accredited Exercise Physiologist |
| <input type="checkbox"/> Accredited Practising Dietitian | | <input type="checkbox"/> Accredited Sports Dietitian |
| <input type="checkbox"/> Accredited Personal Trainer (min. Cert IV) | | <input type="checkbox"/> Accredited Sports Scientist |

- I confirm that I am managing the patient/client and that the diagnostic information is required for their ongoing management.