Date

Dr Name

Medical practice

Address

Town state post code

Dear Dr. Name,

# Re: name of participant and DOB – DD/MM/YYYY

Name of participant participated in the 2nd workshop of a state funded research project, Sustainable Farm Families™, which incorporated a one-day education program and health assessment. The following results were noted on the day of assessment and are now forwarded to you as is required by our programs ethical committee. I have asked name of participant to follow this up with you.

These results are forwarded to you for ongoing monitoring and investigation.

* BMI: result
* Blood glucose (10-hour fasting): result mmol/L
* Blood pressure: average result
* Total cholesterol (10-hour fasting): result mmol/L
	+ HDL result
	+ Trigs result
	+ LDL result
	+ TC/HDL ratio result
* Waist measurement result

Include any matters raised in one-on-one or areas of concern i.e. Piko results or eye test or DASS results

Thank you for your review of name of participant

 Yours sincerely,

Name of Nurse

Registered Nurse

Sustainable Farm Families

Cc: Name of participant