



Excessive sweat solutions

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## Referral form via Sweat Doctors

### Patient details:

Patient name: .....  
Date of birth: .....  
Referral date: .....  
Email: .....  
Phone: .....  
State: .....

### GP details:

Referring Dr: .....  
Dr address: .....  
Tel: .....  
Fax: .....  
Provider No: .....  
Signature: .....

### Sweat questionnaire:

List the prophylactic medication that this patient has tried:

.....  
.....

### Clinical notes:

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.....

Please indicate the site of the patient's sweating:

- Underarms       Hands  
 Feet               Generalised

Has your patient used any of the following?

- A high dose aluminium-containing local treatment such as Driclor or Rexona Clinical Protection  
 Iontophoresis (DC current tap water bath for hands or feet)