# OET writing samples: dietetics, with answers

2 original practice cases with case notes and a model letter. Allow 5 minutes to read and 40 minutes to write, then compare. A model shows one good way to answer. It is not an official OET sample or a marking guide, and all patients are fictional.

## Sample 1: Progress update letter

**Malnutrition in COPD - progress update**

Assume that today's date is 10 November 2026. Mr Lealaiauloto attended his eight-week dietetic review this morning. You are a dietitian in the hospital Outpatient Dietetics Department. Using the information in the case notes, write a letter to Mr Lealaiauloto's GP, Dr Maricel Fischer, updating her on his progress and requesting a change to his supplement prescription. Address the letter to Dr Maricel Fischer, General Practitioner, Main Road Medical Practice, 25 Main Road. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

**Patient details**

- Name: Mr Dinesh Lealaiauloto
- DOB: 03/05/1958 (68 yrs)
- Height: 1.75 m
- Referred by GP 08/26 for unintentional wt loss; first dietetic appt 15/09/26

**Social background**

- Lives with wife (66), who does cooking & shopping
- Retired bus driver; keeps racing pigeons
- Ex-smoker (quit 2019, 40 pack-yrs)
- Wife says daughter's marriage 'falling apart' - pt worried about her
- Drives to appts; complained about lack of parking at clinic

**Medical history**

- COPD (severe), dx 2014; home O2 not required
- 2 exacerbations in past 12/12; last 07/26 (oral prednisolone course)
- Inhalers: tiotropium/olodaterol daily; salbutamol PRN
- Hypertension - amlodipine
- Appendicectomy 1979
- Osteoarthritis R knee
- Allergies: nil known

**Initial assessment (15/09/26)**

- Wt 61.2 kg (BMI 20.0); usual wt 70 kg 6/12 ago → 12.6% unintentional loss
- MUST score: high risk
- Poor appetite; early satiety; SOB when eating large meals
- Intake approx. 2 small meals/day; often skipping lunch

**Treatment**

- Food fortification (full-cream milk, extra butter/cheese/oil); small frequent meals + snacks (approx. 6 eating occasions/day)
- ONS: energy- & protein-dense, 2 × 200 mL/day between meals (prescribed by GP)
- Advised to rest before meals & have main meal when least breathless

**Progress (10/11/26)**

- Wt 64.0 kg (BMI 20.9) → ↑2.8 kg over 8/52
- Appetite ↑; now 3 meals + 2–3 snacks daily; wife continuing fortification
- Taking ONS consistently 2/day; tired of vanilla flavour
- Est. intake from food alone now ≈85% of requirements
- Grip strength ↑; reports more energy, walking to letterbox daily

- Commenced pulmonary rehab 20/10/26 (2/wk)
- Pt asked about 'detox tea' seen online - advised no evidence of benefit

**Plan**

- Wean ONS: ↓ to 1 × 200 mL/day from today until dietetic review 08/12/26; consider ceasing only if food intake adequate & nutritional recovery sustained, otherwise continue ONS
- GP: please amend ONS script to 1/day; weigh monthly at practice
- If wt ↓ or COPD exacerbation → restart ONS 2/day & re-refer to dietetics
- Dietetic review 08/12/26 (4/52); continue fortification & small frequent meals

## Model letter: sample 1

10 November 2026

Dr Maricel Fischer
General Practitioner
Main Road Medical Practice
25 Main Road

Dear Dr Fischer,

**Re: Mr Dinesh Lealaiauloto, DOB 03/05/1958**

I am writing to update you on Mr Lealaiauloto's progress after eight weeks of dietetic care for weight loss with severe COPD, and to ask you to change his supplement prescription.

At his first appointment on 15 September 2026 he weighed 61.2 kg, having lost 12.6% of his usual weight. He ate about two small meals a day because of poor appetite and breathlessness. We introduced food fortification, small frequent meals and two 200 mL supplement drinks daily.

Today he weighs 64.0 kg, a gain of 2.8 kg. His appetite has improved, and he now eats three meals and two to three snacks daily, with his wife continuing fortification. He takes both supplements consistently, and food alone now provides about 85% of his requirements.

Please amend his prescription to one 200 mL drink daily and weigh him monthly at your practice. He will take one drink daily from today until his dietetic review on 8 December 2026, when I will consider stopping it only if his food intake is adequate and his nutritional recovery is sustained. If he loses weight or has a COPD exacerbation, please restart two drinks daily and refer him back to me.

Yours sincerely,
Dietitian
Outpatient Dietetics Department

## Why this letter works

**Kept:** The opening gives the outcome and the prescription change, because Dr Fischer must act on the script, then the weight and intake figures and the conditions for restarting follow.

**Left out:** His smoking history, his racing pigeons, the parking complaint, his daughter's marriage, his other medications, the flavour complaint, pulmonary rehabilitation and the question about detox tea do not change what the GP must do.

## Sample 2: Referral letter

### Gestational diabetes - patient relocating

Assume that today's date is 22 October 2026. You have just seen Ms Pappas for her final appointment before she moves interstate. You are a dietitian at a hospital antenatal clinic in Melbourne. Using the information in the case notes, write a letter of referral to Ms Thandiwe Nikolaidis, a dietitian at the antenatal clinic in Brisbane where Ms Pappas will continue her care. Ask her to continue Ms Pappas's dietary management and review her blood glucose levels. Address the letter to Ms Thandiwe Nikolaidis, Dietitian, Antenatal Clinic, Maternity Outpatients Department, 40 Riverside Road, Brisbane QLD 4000. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

**Patient details**

- Name: Ms Hana Pappas
- DOB: 03/05/1997 (29 yrs)
- Current address: 14 Elm St, Melbourne; from 31/10/26: 8 Banksia Ave, Brisbane
- G1P0; 28/40 today; EDD 14/01/27
- Referred to dietitian 08/10/26 after GDM dx; seen 09/10, 16/10, 22/10

**Social background**

- Lives with partner; relocating interstate 31/10/26 (partner's work transfer)
- Partner is civil engineer, new project in Brisbane for 2 yrs
- Works PT as graphic designer from home; will continue remotely
- Lacto-ovo vegetarian since teens
- Enjoys pottery classes; plans to find new studio
- Mother-in-law tells pt she 'brought this on herself by eating too much fruit'

**Medical history**

- Pre-pregnancy BMI 31 (wt 84 kg); wt today 91 kg (↑ 7 kg)
- FHx: mother T2DM
- Appendicectomy age 12
- Iron deficiency at 20/40: oral iron supplement daily; pregnancy multivitamin (incl. folic acid, iodine)
- Allergies: nil known

**Diagnosis**

- 75 g OGTT at 26/40: fasting 5.4, 1 hr 10.4, 2 hr 8.1 mmol/L → GDM; diet-controlled
- Obstetric review 20/10: growth scan normal; BP normal

**Dietetic management**

- Initial diet hx: large serves breakfast cereal, fruit juice, white bread; irregular meals
- Plan: 3 small meals + 3 snacks; consistent carb spread through day; low GI wholegrain choices; protein each meal (legumes, eggs, dairy, tofu)
- Breakfast changed: cereal + juice → wholegrain toast with eggs or yoghurt; post-breakfast BGLs now within target
- Supper snack added 16/10 (e.g. wholegrain crackers + cheese) to help fasting BGLs
- Walking 20–30 min after dinner most days
- Good understanding; keeps food & BGL diary in phone app; happy to share records

**Progress**

- SMBG 4x/day (fasting + 1 hr after each main meal); targets agreed with Melbourne team: fasting ≤5.0 mmol/L, 1 hr post-meal ≤7.4 mmol/L
- Post-meal BGLs 6.1–7.2 mmol/L, all within target over last 7 days
- Fasting BGLs 5.2–5.6 mmol/L on 4 of last 7 days (above target of ≤5.0) despite supper snack
- Pt anxious about possibly needing insulin
- Complained clinic waits too long and receptionist 'rude'

**Plan**

- Discussed with obstetric/diabetes team today → review booked 24/10 (before move) to consider metformin or insulin; Melbourne team to continue BGL review until Brisbane care confirmed
- Copy of BGL/food diary given to pt; obstetric summary sent separately by obstetric team
- Request dietitian appt within 1/52 of arrival (by 07/11)
- Postnatal: OGTT 6–12/52 postpartum; education re long-term T2DM risk

## Model letter: sample 2

22 October 2026

Ms Thandiwe Nikolaidis
Dietitian
Antenatal Clinic
Maternity Outpatients Department
40 Riverside Road
Brisbane QLD 4000

Dear Ms Nikolaidis,

**Re: Ms Hana Pappas, DOB 03/05/1997**

I am referring Ms Pappas, who moves to Brisbane on 31 October 2026, and I ask you to continue her dietary management and review her blood glucose levels.

She is 29 years old and 28 weeks pregnant today, with an expected delivery date of 14 January 2027. Her 75 g glucose tolerance test at 26 weeks gave a fasting level of 5.4, one-hour level of 10.4 and two-hour level of 8.1 mmol/L, confirming gestational diabetes, which is diet-controlled. She is lacto-ovo vegetarian. I saw her on 9, 16 and 22 October 2026 and advised three small meals and three snacks daily, evenly spread carbohydrate and protein at each meal. Her post-breakfast levels are now within target.

She tests four times daily. Over the last seven days her post-meal levels were 6.1–7.2 mmol/L, all within target. However, her fasting levels were 5.2–5.6 mmol/L on four days, above the target of 5.0 mmol/L or less, despite a supper snack. She is anxious about possibly needing insulin. A review on 24 October will consider metformin or insulin.

Please see her within one week of arrival. She has a copy of her glucose and food diary.

Yours sincerely,
Dietitian
Antenatal Clinic, Melbourne

## Why this letter works

**Kept:** Ms Nikolaidis needs the two requests first, then the diagnosis, the dietary plan so far and the glucose results she will have to review.

**Left out:** Her partner's work, her job and pottery, the mother-in-law's comment, her iron supplement, the appendicectomy, the family history, the clinic wait and the postnatal plan were left out as they do not guide the dietary review.