



## OUTPATIENT NUTRITION COUNSELING REFERRAL

**Victoria General Hospital**  
**Royal Jubilee Hospital**  
 Phone: (250) 370-8633  
 RJH Fax: (250) 370-8357 (adults only)  
 VGH Fax: (250) 727-4168 (adults/peds/maternity)

<b>Patient Name:</b>
PHN:
DOB:
Address:
Home phone:
Work/Cell phone:
Physician:

<b>Reason for referral: Please attach all relevant consult notes and test results</b> <b>Maternity referrals: please include antenatal records</b> <b>Pediatric referrals: please attach growth chart</b>		
		<b>Lab work <input type="checkbox"/> see attached</b> or provide details:
<b>Medical history</b> <input type="checkbox"/> See attached or provide details:	<b>Sugars / GI</b>	TTG antibody: Total serum IgA: CRP: Fasting glucose: Hgb A1C
<b>Medications/supplements</b> <input type="checkbox"/> See attached or provide details:	<b>General</b>	Vitamin B12: TSH: Ferritin: MCV: Hgb:
<b>Barriers to learning:</b> <input type="checkbox"/> language barrier <input type="checkbox"/> mental health issues <input type="checkbox"/> cognitive deficit <input type="checkbox"/> low literacy <input type="checkbox"/> hearing impairment <input type="checkbox"/> visual impairment <input type="checkbox"/> other _____	<b>Lipids</b>	LDL: HDL: Chol:HDL: Triglycerides:
<b>Comments:</b>	<b>Renal</b>	eGFR: K <sup>+</sup> PO <sub>4</sub> Creat
		<b>Other</b>
<b>Referring clinician (please print):</b>  <b>Date:</b>	<b>OFFICE USE ONLY</b> Date received: Date triaged: Appointment type:	