

PEDIATRIC DIETITIAN REFERRAL (CENTRAL ISLAND)

PLEASE FAX REFERRAL TO

□NSS Community Pediatric Dietitian Referral
 (250) 755-6260
 □Pediatric Ambulatory Care Outpatient Dietitian
 (250) 739-5855

Patient Name:	PHN #:
Parent/Guardian Name:	
Date of Birth:	
Address:	
MRP/Pediatrician:	
GP:	
Home #: W	/ork #:
Cell #:Text: 🗆 Yes 🗆 No 🛛 Email /	Address:
Outpatient Dietitian	Nursing Support Dietitian
□ Disordered eating	For clients with developmental disabilities and require a home visit
□ Diabetes/endocrinology	□ Home tube feeds (add feeding details below)
□ Sensory issues with eating	Complex feeding and/or swallowing
Complex GI concerns	Sensory issues with eating
□ Vitamin/mineral concerns with growth failure	Multifactorial failure to thrive
□ Multifactorial failure to thrive	
Diagnosis:	
Weight: Heig	
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comments):	liagnoses, tube feeding details, medications, and
comments):	
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