

Nanaimo Ambulatory Adult Nutrition Counselling

Dietitian Referral Form

Ph: 250 755 7691 ext 53609 Fax: 250 739 5974 Nanaimo Regional General Hospital

Patient Information		
Name: Affix patient sticker		
DOB:		
PHN / MRN:	Address:	
Physician:	Tel:	
Reason for Referral		
Individual Consultation:		Group Consultation :
Cancer (active BCCA)	Malnutrition, Severe	Pre-diabetes
Celiac Disease	Pancreatitis	A multi-module program to reduce the risk of
🗆 Dysphagia	Pregnancy / Breastfeeding	developing Type 2 diabetes through healthy living
□ Gastrointestinal Disease	PCOS / Fertility	□ Craving Change [®]
(incl. IBS/IBD) e.g low	Vitamin/Mineral	A 6-8 week program to help improve your
FODMAP Gastrointestinal Surgery	Deficiency:	relationship with food. Not appropriate for
(pre/post)	Weight Restoration (to regain	diagnosed eating disorders.
□ Home Tube Feeding	weight that is unintentionally	Best Weights
Ileostomy / Colostomy	lost)	A multi-module program to optimize health
□ Intolerances (complex)	□ Other:	and reduce weight stigma. The focus of this program is holistic eating and associated
□ Chronic Liver Disease		behaviour modification.
Eating Disorders: Individual Consultation for DSM-V diagnosed eating disorder. All referral to this dietitian must have a		
family physician and a counsellor actively working with them.		
□ Anorexia Nervosa □ Bulimia Nervosa □ Binge Eating Disorder diagnosed by Psychiatr		
Please attach any relevant information: e.g. medical history, medications, and comments.		
Physician: Date:		
Please Note: Referrals for the following will <u>not</u> be accepted:		
a Community Upgeth Sonvigos Dationts		
Healthy Eating		Home Bound Patients
Heart Health Obstity: Overweight		
 Obesity, Overweight – weight loss individual counselling Basic Allergies & Intolerances 		
Early Stage Kidney Disease & Kidney Stones		
Direct Client to call *811 to	speak to a Registered Dietitian	Refer to Community Health Services