

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 behaviour modification.
☐ Chronic Liver Disease		,
Eating Disorders: Individual Consultation for DSM-V diagnosed eating disorder. All referral to this dietitian <u>must</u> have a family physician and a counsellor actively working with them. ☐ Anorexia Nervosa ☐ Bulimia Nervosa ☐ Binge Eating Disorder diagnosed by Psychiatrist		
Please attach any relevant information: e.g. medical history, medications, and comments.		
Physician: Date:		
Please Note: Referrals for the following will not be accepted:		
Healthy Eating		Community Health Services Patients
Heart Health		Home Bound Patients
Obesity, Overweight – weight loss individual counselling		Palliative Care
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