



SCARBOROUGH ACADEMIC FAMILY HEALTH TEAM

Tel: (416) 690-5180 Fax: (416) 690-5182

DIETITIAN REFERRAL FORM

Patient Information

First Name: Last Name:
DOB: Gender:
Address:
Tel #: Cel #:
Email:

Referring Physician

First Name: Last Name:
Tel #: Fax #:
Address:

PROGRAMS:

Healthy You – Healthy balanced diet and lifestyle for overweight and obese patients

Hearth Healthy - Healthy balance diet and lifestyle for patients with Dyslipidemia and Hypertension

CONSULTATION: URGENT 1-2 WEEKS

- Malnutrition/Underweight/Poor Appetite
- Dysphagia (Difficulty swallowing and/or chewing, coughing during meals, choking)
- Celiac Disease/Gluten sensitivity
- Type 1 Diabetes (carbohydrate counting)
- Type II Diabetes (HbA1C >11%)
- Chronic Kidney Disease
- Post- stroke/Heart Attack/Bypass
- Cancer (weight loss, post radiation issues)
- Physician initiated diet change (Fluid/Na/Fe restricted, high calorie/high protein)
- IBD acute (Crohn's/Ulcerative Colitis)
- Ongoing diarrhea, nausea, vomiting due to: _____
- Bariatric Surgery (pre/post)
- Other : _____

CONSULTATION: REGULAR

- Abnormal labs w/ nutritional implications (ie. Alb, fe, folate, B12, Na, Cr, Urea, Ca, ph,)
- Type II Diabetes Pre-Diabetes
- Dyslipidemia HTN
- Healthy Eating/Prenatal Nutrition
- Obesity : Child _____ Adult _____
- Physician Initiated diet change (ie. Fat/high fibre/protein restricted)
- Feeding Issues in children/Picky Eaters
- IBD Chronic/IBS/Constipation
- Liver disease/Kidney Stones
- Osteoporosis
- Achalasia/GERD
- Other: _____

Specific comments about patient:

If more than one nutritional problem to provide nutritional interventions for, please prioritize problem list if a preference

1. _____ 2. _____ 3. _____

Please fax COMPELTED form with CPP & BLOOD WORK to (416) 690-5182