



DIETITIAN REFERRAL FORM

Fax this form to: 1.855.933.2309 and your patient will be contacted within two business days. *If cost or insurance coverage is a concern, please choose 20-min free consultation from below.*

Patient Name	
Date of Birth	
Telephone / Mobile	
E-mail	
Referring Practitioner	

A) INDICATE THE NEED FOR NUTRITION SERVICES

Weight loss Weight gain	Fertility Pre/Post Pregnancy Nutrition
Chronic Disease Management → Cholesterol → Blood pressure → Metabolic Syndrome → Coronary Heart Disease → Heart Attack → Stroke	Blood Sugar Management → Hypoglycemia → Prediabetes, impaired FBG, OGTT → Type 1 or Type II diabetes
Digestive Health: → Food allergies/intolerances → IBS → IBD/UC/Crohn's Disease	Senior Care → Dysphagia, altered texture & fluid management
Nutrigenomix® Genetic Testing Personalized dietary advice based on your DNA	Hormone Health Thyroid Disorder Peri/Post-menopause
Child Nutrition	Other:

B) PERTINENT INFORMATION/LABS

C) APPOINTMENT PREFERENCE

Attached	20-minute free consultation
Triglycerides, Total Cholesterol, LDL-Cholesterol, HDL-Cholesterol eGFR Hematology Fasting Blood Glucose HbA1c Sodium Potassium Optional: Ferritin, B12, Thyroid markers	Full Assessment as soon as possible
	Full Assessment within ____ days
	Full Assessment after date:

To print more referral forms, please visit <https://www.nutriprocan.ca/resources/>