



Pediatric Nutrition Counselling

Dietitian Referral Form

Patient Name: _____ DOB: _____ Preferred Name (if applicable): _____ Pronouns: _____ PHN/MRN#: _____ Physician: _____ Address: _____ Email: _____ Phone: _____ Parent/Guardian Name: _____	OFFICE USE ONLY Date Received: _____ Date Triaged: _____ Booking Priority: _____
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Reason for Referral Please *select type of referral and check all applicable concerns. For conditions not listed see reverse for referral options.*

<input type="checkbox"/> Community (NSS/PFSS) Dietitian Provides home-based dietitian services for children with Developmental Disabilities.	<input type="checkbox"/> Outpatient Dietitian Provides weight inclusive care for ambulatory clients						
<input type="checkbox"/> Home Tube Feeds <input type="checkbox"/> Complex feeding/swallowing <input type="checkbox"/> Sensory issues with eating <input type="checkbox"/> Growth faltering <input type="checkbox"/> Other: _____	<table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Growth Faltering (Attach Growth Chart) <input type="checkbox"/> Formula/Breastmilk Fortification <input type="checkbox"/> NG feeding <input type="checkbox"/> Selective/restricted diet <input type="checkbox"/> Picky Eating <input type="checkbox"/> Delayed texture progression <input type="checkbox"/> Sensory issues with eating <input type="checkbox"/> Vegan/vegetarian <input type="checkbox"/> Food Allergies <input type="checkbox"/> Multiple/Complex <input type="checkbox"/> Single <input type="checkbox"/> Elimination diet for breastfeeding parents <input type="checkbox"/> Other: _____ </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Gastrointestinal Disease <input type="checkbox"/> Constipation <input type="checkbox"/> Irritable Bowel Syndrome <input type="checkbox"/> Inflammatory Bowel Disease <input type="checkbox"/> Celiac Disease <input type="checkbox"/> Vitamin/Mineral Deficiencies <input type="checkbox"/> Disordered Eating <input type="checkbox"/> Insulin Resistance <input type="checkbox"/> Impaired Glucose Tolerance/Fasting <input type="checkbox"/> PCOS <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> Hypertension <input type="checkbox"/> Healthy Eating Habits </td> </tr> </table>	<input type="checkbox"/> Growth Faltering (Attach Growth Chart) <input type="checkbox"/> Formula/Breastmilk Fortification <input type="checkbox"/> NG feeding <input type="checkbox"/> Selective/restricted diet <input type="checkbox"/> Picky Eating <input type="checkbox"/> Delayed texture progression <input type="checkbox"/> Sensory issues with eating <input type="checkbox"/> Vegan/vegetarian <input type="checkbox"/> Food Allergies <input type="checkbox"/> Multiple/Complex <input type="checkbox"/> Single <input type="checkbox"/> Elimination diet for breastfeeding parents <input type="checkbox"/> Other: _____	<input type="checkbox"/> Gastrointestinal Disease <input type="checkbox"/> Constipation <input type="checkbox"/> Irritable Bowel Syndrome <input type="checkbox"/> Inflammatory Bowel Disease <input type="checkbox"/> Celiac Disease <input type="checkbox"/> Vitamin/Mineral Deficiencies <input type="checkbox"/> Disordered Eating <input type="checkbox"/> Insulin Resistance <input type="checkbox"/> Impaired Glucose Tolerance/Fasting <input type="checkbox"/> PCOS <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> Hypertension <input type="checkbox"/> Healthy Eating Habits				
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Fax or email referrals to: Island Wide: (250) 619-6918 nssintake@islandhealth.ca	Fax Referrals to: <table style="width: 100%;"> <tr> <td style="width: 33%;">Victoria: (250) 727-4168</td> <td style="width: 33%;">Comox Valley: (250) 331-5980</td> </tr> <tr> <td>Cowichan: (250) 709 3018</td> <td>Campbell River: (250) 286-7103</td> </tr> <tr> <td>Nanaimo: (250) 739 5853</td> <td>Tri-Ports: (250) 902-6072</td> </tr> </table>	Victoria: (250) 727-4168	Comox Valley: (250) 331-5980	Cowichan: (250) 709 3018	Campbell River: (250) 286-7103	Nanaimo: (250) 739 5853	Tri-Ports: (250) 902-6072
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Further Details (medical history/diagnosis, tube feeding details, medications, and comments):

Height: _____	Weight: _____	Medications: <input type="checkbox"/> Second Generation Antipsychotics <input type="checkbox"/> Semaglutide <input type="checkbox"/> Stimulants <input type="checkbox"/> Other: _____
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Please Attach: Growth Chart Consult Letter Relevant Test results

Referral Source (name & designation): _____ **Date:** _____

OFFICE USE ONLY

Date of Appointment: _____ In-person Appointment Telephone Appointment Virtual Appointment

Patient Contact Date and Details: _____

2nd Attempt Date and Details: _____ Unable to book referral returned to sender

<p>Nutrition services provides weight inclusive care emphasizing health outcomes. We do not offer weight loss advice or calorie-restricted meal plans.</p> <p>Currently extended wait times for:</p> <ul style="list-style-type: none"> • Basic Allergies and Intolerances • Constipation • Healthy Eating • Picky Eating • Vegetarian/Vegan diets 	<p>Consider referring the patient to one of the following services:</p> <ul style="list-style-type: none"> • 811 Healthlink BC <ul style="list-style-type: none"> ○ To speak to a Registered Dietitian Dial 811 • Private Dietitian Counselling <ul style="list-style-type: none"> ○ BC Dietitians - www.bcdietitians.ca <p>Dietitians of Canada – www.dietitians.ca</p>
<h2>Other Nutrition Services Available</h2>	
<p>Regional Eating Disorders Program Nanaimo, Center/North Island</p> <p>To connect with the Regional Eating Disorders Coordinator or to obtain a referral form call: (250) 519-5390 ext 36925 email: crystal.frost@islandhealth.ca</p>	<p>Ambulatory individual consultation for confirmed or suspected eating disorders:</p> <ul style="list-style-type: none"> • Anorexia Nervosa • Bulimia Nervosa • Binge Eating Disorder • Avoidant Restrictive Food Intake Disorder • Other Specified Feeding & Eating Disorder <p>Must have a family physician and be working with a counsellor or therapist</p>
<p>Eating Disorders Program South Vancouver Island Region, Victoria</p> <p>Contact: Phone: 250 -387-0000</p>	<p>Ambulatory individual consultation for confirmed or suspected eating disorders:</p> <ul style="list-style-type: none"> • Anorexia Nervosa • Bulimia Nervosa • Binge Eating Disorder • Avoidant Restrictive Food Intake Disorder • Other Specified Feeding & Eating Disorder <p>Requires GP/NP referral</p>
<p>Generation Health</p> <p>For more information and to sign up visit: www.generationhealth.ca</p>	<p>Online program providing support for families with children between the ages of 8-12 years old for developing healthy living practices.</p>
<p>ShapeDown BC</p> <p>For more information please see http://www.bcchildrens.ca/our-services/clinics/shapedown-bc</p>	<p>Children and families are eligible for the program if they meet the following criteria:</p> <ul style="list-style-type: none"> • Children/adolescents between 6-17 years of age • Body Mass Index (BMI) greater than 97th percentile, or a BMI between the 85th and 97th percentile with certain medical conditions present. <p>Both parents and child/teen must be prepared to make changes and attend on a regular basis.</p>
<p>Children, Youth and Family Rehabilitation Services – Pediatric Feeding and Swallowing Services</p> <p>For more information please see: https://www.islandhealth.ca/our-services/children-youth-rehabilitation-services/pediatric-feeding-swallowing-clinic</p>	<p>Provides non-acute, specialized team based approach to assessment, education, nutrition support and feeding services to infants and children with complex feeding and swallowing concerns.</p>