



# Outpatient Nutrition Counseling Referral

**Nanaimo Regional General Hospital**  
 Ambulatory Care Building  
 1200 Dufferin Crescent,  
 Nanaimo, BC V9S 2B7

Ph: 250-755-7691 loc 53609  
 Fax: 250-739-5974

Patient Name:
Address:
PHN:
Home Phone:
Work/Cell Phone:
DOB:
Physician:

Reason for referral:		<input type="checkbox"/> Labwork attached	
<input type="checkbox"/> Allergies/Intolerances <input type="checkbox"/> Celiac Disease <input type="checkbox"/> Cholesterol Lowering <input type="checkbox"/> Gastrointestinal Disease (including IBS/IBD) <input type="checkbox"/> Gout <input type="checkbox"/> HIV/Aids <input type="checkbox"/> Home Tube Feeding <input type="checkbox"/> Liver Disease	<input type="checkbox"/> Osteoporosis <input type="checkbox"/> Pre-Diabetes <input type="checkbox"/> Pregnancy <input type="checkbox"/> Vitamin/Mineral Deficiency <input type="checkbox"/> Weight Management <input type="checkbox"/> Other:	Sugar	Fasting:
			HgA1C:
Medical History:		Hematology	MCV:
			RBC:
			Hgb:
			Hct:
		General	B12:
			Folate:
			Albumin:
Medications:		Lipids	Triglycerides:
			HDL:
			LDL:
			Total Cholesterol:
			Total Chol/HDL:
Comments:		Renal	EGFR:
			Ca:
			Potassium:
			Phosphorus:
			Creatinine:
			Na:
			PTH:
Physician:	Date:		