



OUTPATIENT NUTRITION COUNSELING REFERRAL

Victoria General Hospital
Royal Jubilee Hospital
 Phone: (250) 370-8633
 RJH Fax: (250) 370-8357 (adults only)
 VGH Fax: (250) 727-4168 (adults/peds/maternity)

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

Reason for referral: Please attach all relevant consult notes and test results Maternity referrals: please include antenatal records Pediatric referrals: please attach growth chart		
		Lab work <input type="checkbox"/> see attached or provide details:
Medical history <input type="checkbox"/> See attached or provide details:	Sugars / GI	TTG antibody: Total serum IgA: CRP: Fasting glucose: Hgb A1C
Medications/supplements <input type="checkbox"/> See attached or provide details:	General	Vitamin B12: TSH: Ferritin: MCV: Hgb:
Barriers to learning: <input type="checkbox"/> language barrier <input type="checkbox"/> mental health issues <input type="checkbox"/> cognitive deficit <input type="checkbox"/> low literacy <input type="checkbox"/> hearing impairment <input type="checkbox"/> visual impairment <input type="checkbox"/> other _____	Lipids	LDL: HDL: Chol:HDL: Triglycerides:
Comments:	Renal	eGFR: K ⁺ PO ₄ Creat
Referring clinician (please print): Date:	Other	_____ _____ _____
		OFFICE USE ONLY Date received: Date triaged: Appointment type: