



Health Sciences North
Horizon Santé-Nord

NUTRITION COUNSELLING
SUDBURY OUTPATIENT CENTRE
865 REGENT ST. S
SUDBURY, ON P3E 3Y9
705-671-6601 Fax: 705-671-5634



Patient Referral / Information Form

**** Please complete in full. All incomplete referrals will be returned for further information.**

Name: Mr/Mrs/Miss _____

D.O.B: _____ (D/M/Y) HCN: _____

Address: _____

_____ Postal Code: _____

Phone: Home _____ Work _____

** Please include apartment and box numbers.*

Reason for Dietitian referral (please check one or multiple)

Malnutrition/ Nutritional deficiencies	<input type="checkbox"/>	<p>Please note that obesity is no longer an inclusion criteria. Please consider referring to Ontario Bariatric network at the following website: https://www.ontariobariatricnetwork.ca/referring-physicians</p> <p>For dyslipidemia referrals, please consider referring to Cardiac Rehab (fax number 705-688-7301)</p> <p>Please fax pediatric referrals to NEO kids pediatric ACU at 705-523-7288</p>
Weight loss/failure to thrive	<input type="checkbox"/>	
Food allergies, Eosinophilic esophagitis	<input type="checkbox"/>	
Enteral tube feeds	<input type="checkbox"/>	
Gastrointestinal issues: IBS, Crohn's, liver cirrhosis	<input type="checkbox"/>	
Dysphagia	<input type="checkbox"/>	
Pancreatitis	<input type="checkbox"/>	

Past Medical History: _____

Medication: _____

Physician's Name: _____ **Phone Number:** _____

Physician's Signature: _____

