Vancouver CoastalHealth
Promoting wellness. Ensuring care.

Gordon & Leslie Diamond
Health Care Centre
4th Floor, 2775 Laurel St,
Vancouver, BC V5Z 1M9

Adult Outpatient Dietitian Clinic

Patient Label

Referral Date: _____ **Please FAX Completed Form to: 604 875 4442**

Client Information	Referring Physician /Practitioner Information
Name: _____ Address: _____ City: _____ Postal Code: _____ Phone: _____ D.O.B. _____ Sex: □M □F PHN: _____ Ht: _____ Wt: _____	Name/Address (or Office Stamp) Phone: _____ Fax: _____ Copy Results To:

Primary Reason for Referral (Please check all that apply)

- □ Celiac Disease
- □ Dysphagia
- □ Eosinophilic Esophagitis/Gastritis
- □ Failure to Thrive/Unintentional Weight Loss
- □ Food Allergies/Intolerances _____ (impacting adequacy of diet)
- □ GI Surgery _____
- □ Ileostomy
- □ Inflammatory Bowel Disease (Crohn's Disease, Ulcerative Colitis)
- □ Irritable Bowel Syndrome
- □ Metabolic Syndrome
- □ Recurrent Bowel Obstructions
- □ Other _____

Co-morbidities **must have 2 or more to be eligible for referral if no primary reason listed above**

- □ Anemia
- □ Chronic Kidney Disease
- □ Diabetes
- □ Disordered Eating
- □ Dyslipidemia/Hyperlipidemia
- □ Gastroesophageal Reflux Disease
- □ Gout
- □ Hypertension
- □ Obesity
- □ Osteoarthritis
- □ Osteoporosis
- □ Restrictive Diet _____
- □ Other _____

Additional Risk Factors (Please check all that apply)

- □ Substance Abuse _____
- □ Cognitive Impairment _____
- □ Lack of Social Support
- □ Limited Financial Resources
- □ Decreased Mobility
- □ Mental Health Condition _____
- □ Other _____

Interpreter required: □Yes □No Language: _____

PLEASE ATTACH ANY RELEVANT MEDICAL HISTORY, MEDICATIONS, BLOOD WORK OR OTHER TEST RESULTS

ACKNOWLEDGEMENT OF REFERRAL - to be completed by booking clerk

Received: _____
Appt. Date: _____
□ **Individual** □ **Group Session**

□ **Attended** □ **No Show**
□ **Cancelled** □ **Rescheduled**
□ **Other:** _____

Follow-up: _____

Contacted: _____

☐ **Referral Not Appropriate:**
We require the following additional information before we can book an appointment for this patient: