



OUTPATIENT DIETITIAN REFERRAL



- Dietitian services are provided for patients that **require medical nutrition therapy to prevent or treat nutrition-related concerns** (see page 2 for alternate referral options)
- Central Booking Office: 604-412-6200 or 1-855-412-6200
- Incomplete referrals will **not** be processed
- Fax the completed form and supportive documents to: 604-412-6168 or 1-855-412-6168

Date of Referral (dd/mm/yyyy):		Important Include supportive documents such as: medical summary, medication and supplement list, and relevant recent labs
Last name:	First name:	
Birth Date (dd/mm/yyyy):	PHN:	
Address:		
Email:		
Phone (primary):	Phone (other):	Height:
Primary Language:	Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Weight:
Gender: <input type="checkbox"/> Woman/Girl <input type="checkbox"/> Man/Boy <input type="checkbox"/> Other (please specify):		
Sex assigned at birth: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex		
Pronouns: <input type="checkbox"/> she/her/hers <input type="checkbox"/> he/him/his <input type="checkbox"/> they/them/theirs <input type="checkbox"/> Other (please specify):		
Mandatory Screening Questions:		
<ul style="list-style-type: none"> • Has the patient lost weight unintentionally? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> o If yes, was this more than 6 kg in last six months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A o If yes, was this more than 3 kg in last month? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A • Has the patient experienced decrease appetite over the past month? <input type="checkbox"/> Yes <input type="checkbox"/> No • Did the patient use supplemental drinks or tube feeding over the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No 		
Reason for Referral		
<input type="checkbox"/>	Peri-operative nutrition (e.g., malabsorption, esophagectomy, wound healing, ostomy, etc.)	
<input type="checkbox"/>	Malnutrition risk (unintentional weight loss or chronic poor intake)	
<input type="checkbox"/>	Home enteral nutrition	
<input type="checkbox"/>	Digestive issues (e.g., Crohn's Disease, Ulcerative Colitis, Irritable Bowel Syndrome, etc.)	
<input type="checkbox"/>	Chronic illness requiring medical nutrition therapy	
<input type="checkbox"/>	Pediatric malnutrition risk (allergies, picky eaters and/or poor growth) <i>Include WHO Growth Charts and Pediatrician reports</i>	
<input type="checkbox"/>	Pediatric eating disorders (only for Abbotsford, Mission, and Chilliwack)	
<input type="checkbox"/>	Celiac disease - class or individual appointment	
<input type="checkbox"/>	Cardiovascular disease - class only	
<input type="checkbox"/>	Other (provide details or consult note for triage): _____	
Referring health care professional:		Primary care provider (if differs from referrer):
Name and title:		Name:
Phone:		Phone:
Fax:		Fax:

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We do <i>not</i> accept referrals for:	Where to refer:
Diabetes Pre-diabetes Diabetes and Pregnancy	Fraser Health Diabetes Health Centre or Diabetes and Pregnancy clinic
Eating disorders Exception: pediatric patients seeking eating disorder services in Abbotsford, Chilliwack and Mission	Refer to Pathways for referral process
Weight management General healthy eating	Fraser Health Virtual Care ¹ (no referral required) HealthLink BC Dietitians ² (no referral required) Primary Care Network ³ Private Practice Registered Dietitian ⁴ Obesity Medicine and Diabetes Institute ⁵ Pediatrics: Refer to Generation Health ⁶ or HealthLink BC Eating & Activity Program
Allergies and/or eczema	Fraser Health Virtual Care ¹ (no referral required)
Anemia	HealthLink BC Dietitians ² (no referral required)
Vitamin or mineral deficiency	Primary Care Network ³
Cancer (without malnutrition)	Private Practice RD ⁴
Digestive health issues: <ul style="list-style-type: none"> • Constipation or diarrhea • Gallbladder disease • Gastroesophageal Reflux Disease (GERD) 	Fraser Health Virtual Care ¹ HealthLink BC Dietitians ² (no referral required)
Gout	
Hypertension	
Kidney stones	
Polycystic Ovarian Syndrome (PCOS)	
Osteoporosis	
Reactive hypoglycemia	
Vegetarian or vegan	
Warfarin	

¹Fraser Health Virtual Care: Patients can speak to a Registered Dietitian (RD) by calling 1-800-314-0999 ext 1

²HealthLink BC: Patients speak to a RD by calling 8-1-1 or requesting online www.healthlinkbc.ca

³Primary Care Network (PCN): Referral form on Pathways. Note: PCN service patients who reside within the same geographic area. Currently not all areas of Fraser Health have a PCN RD.

⁴Private Practice RD: Patients with third party coverage for private practice RDs can self-refer

- Dietitians of Canada www.dietitians.ca "Find a Dietitian"
- BC Dietitians www.bcdietitians.ca

⁵Obesity Medicine & Diabetes Institute: Physician referral required for weight management program: www.medweight.ca

⁶Generation Health: Offers targeted community and clinical programs to support families with children and youth working towards healthy living www.generationhealth.ca