

Dietitian Referral Form

Natalie DeMarco, MScFN, RD

400 Chilver Road, Unit 303, Windsor ON N8Y 2J7

Please fax this form to: 226-773-0164 and your patient will be contacted within 2 business days. If cost or insurance coverage is a concern, please choose the 15 min free consultation below.

Patient Name	
Date of Birth	
Telephone/Mobile	
E-mail	
Referring Practitioner	

Indicate the need for nutrition services

<input type="checkbox"/> Weight loss Weight gain	<input type="checkbox"/> Fertility Pre/Post Pregnancy Nutrition
<input type="checkbox"/> Chronic Disease Management ⇒ Cholesterol ⇒ Blood pressure ⇒ Metabolic syndrome ⇒ Coronary heart disease ⇒ Heart attack ⇒ Stroke	<input type="checkbox"/> Blood Sugar Management ⇒ Hypoglycemia ⇒ Pre-diabetes, impaired FBG, OGTT ⇒ Type 1 or Type 2 diabetes
<input type="checkbox"/> Digestive Health ⇒ Food allergies/intolerances ⇒ IBS ⇒ IBD/UC/Chron's Disease	<input type="checkbox"/> Senior Care ⇒ Dysphagia, altered texture & fluid management
<input type="checkbox"/> Child Nutrition	<input type="checkbox"/> Hormone Health Thyroid disorder Peri/post menopause
<input type="checkbox"/> Other	

Pertinent information/Labs

<input type="checkbox"/>	Attached	<input type="checkbox"/>	15-minute free consultation
	⇒ Triglycerides, total cholesterol, LDL cholesterol, HDL cholesterol ⇒ eGFR ⇒ Hematology ⇒ Fasting blood glucose ⇒ HbA1c ⇒ Sodium ⇒ Potassium Optional: Ferritin, B12, Thyroid markers	<input type="checkbox"/>	Full assessment as soon as possible
		<input type="checkbox"/>	Full assessment within ___ days
		<input type="checkbox"/>	Full assessment after date: