Alberta Health Services

Nutrition Services Use
Appointment Date
Appointment Time

Adult Outpatient Nutrition Counselling Referral (Edmonton Zone)

For the Patients with the following conditions, contact the corresponding program below;

- **Chronic Kidney Disease**: Call 780.407.3793 for referral to Northern Alberta Renal Program.
- **Obesity / Weight Management**: Call Central Access Booking at 780.401.2665 *(780.401.BOOK)* for referral to the Adult Bariatric Program or Weight Wise Group Education Workshops.
- **Diabetes Mellitus**: Call Central Access Booking at 780.401.2665 *(780.401.BOOK)* for referral to Diabetes Program, including classes.
- **Prediabetes**: Call Central Access Booking at 780.401.2665 *(780.401.BOOK)* for referral to classes. Individual assessment is available if client is unable to attend class due to language barrier.
- **Pediatrics and Prenatal**: Call 780.735.4963 for referral forms.

Covenant Health - Call the site directly for forms: Grey Nuns: 780.735.7342; Misericordia: 780.735.2768

Fax completed form to Nutrition Services at preferred location identified below:

☐ Devon General Hospital – Fax: 780.342.7125

☐ Fort Sask. Community Hospital or Redwater Health Centre – Fax: 780.342.3344

☐ Kaye Edmonton Clinic – Fax: 780.407.7583

☐ Leduc Community Hospital – Fax: 780.980.4490

☐ Northeast Community Health Centre – Fax: 780.342.4189

☐ Royal Alexandra Hospital – Fax: 780.735.5105

☐ Sturgeon Community Hospital – Fax: 780.418.7488

☐ Westview Health Centre – Fax: 780.963.7192

☐ Strathcona Community Hospital – Fax: 780.467.9829

Patient Information			
Date *(yyyy-Mon-dd)*	First Name	Last Name	Personal Health Number
Date of Birth *(yyyy-Mon-dd)*	Sex ☐ Male ☐ Female	Height *(cm)*	Weight *(kg)*
Contact Number	Alternate Contact Number	Address	
Medical History Pertinent Health Issues *(If space below is insufficient, attach additional page)*			
Limitations *(physical / learning / language)*			

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Patient First Name	Patient Last Name	Personal Health Number

Primary Reason(s) For Referral

- ☐ Malnutrition Unintentional weight loss greater than 5% in 1 month or greater than 10% in 6 months: BMI less than 18.5 for adults 65 years and under; BMI less than 22 for over 65 years of age
- ☐ Allergies or intolerances impacting adequacy of diet
- ☐ Celiac Disease
  - ☐ Newly diagnosed
- ☐ Dyslipidemia
- ☐ Hypertension
- ☐ Restricted diet resulting in nutrient deficiencies *(e.g. vegan, Irritable Bowel Syndrome)*
- ☐ Inflammatory Bowel Disease
  - ☐ Newly diagnosed
- ☐ Other _____

Treatment Goals

- ☐ Gain Weight
- ☐ Improve Lipid Profile
- ☐ Improve Nutritional Intake
- ☐ Lose Weight
- ☐ Reduce Blood Pressure
- ☐ Reduce Constipation
- ☐ Reduce Diarrhea

Comments

Referring Physician/Health Care Provider

First Name	Last Name	Signature	Phone Number	Fax Number

Mailing Address *(If letter should be sent to another health care provider, provide/attach contact information)*

Client's Primary Physician *(if not referral contact)*

Name *(first, last)*	Address	Phone Number	Fax Number