

# THE NUTRITIONBEE DIETITIAN REFERRAL FORM



**Email:** [info@thenutritionbee.com](mailto:info@thenutritionbee.com)

**Phone:** 1-855-819-3438

**Fax:** 1-855-819-3438

## **Dietitian Referral Form**

*The patient will be contacted within 3–5 business days. Please note these services are not covered by OHIP; direct billing available for select insurance companies.*

### **Patient Information:**

**Patient Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (DD/MM/YYYY)

**Telephone / Mobile:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Referring Practitioner Name & Clinic:**

\_\_\_\_\_

**Occupation (e.g., Physician, Nurse Practitioner, Social Worker, Physiotherapist, etc.):**

\_\_\_\_\_

**Email:** \_\_\_\_\_

**Contact number:** \_\_\_\_\_

**Please indicate the reason for the nutrition referral and services (check all that apply):**

### **Weight management**

Healthy and sustainable weight loss (including GLP-1, GLP/GIP management)

Healthy weight gain (e.g. Malnutrition)

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## Chronic Disease Management:

- |   |   |
|---|---|
| <input type="checkbox"/> High Cholesterol       | <input type="checkbox"/> Digestive Health (e.g. bloating, loose stools) |
| <input type="checkbox"/> Hypertension           | <input type="checkbox"/> Wound management (e.g. Pressure ulcers)        |
| <input type="checkbox"/> Metabolic Syndrome     | <input type="checkbox"/> Iron-deficiency anemia                         |
| <input type="checkbox"/> Coronary Heart Disease | Other: _____  |
| <input type="checkbox"/> Post-stroke            |   |

## Digestive Health and food allergies/intolerances:

- |   |   |
|---|---|
| <input type="checkbox"/> IBS /IBD/ SIBO       | <input type="checkbox"/> Eosinophilic Esophagitis |
| <input type="checkbox"/> UC / Crohn's Disease | <input type="checkbox"/> Other: _____             |

## Older adult nutrition:

- |   |   |
|---|---|
| <input type="checkbox"/> Dysphagia Management             | <input type="checkbox"/> Low appetite, malnutrition |
| <input type="checkbox"/> Enteral Nutrition (Tube feeding) |   |

## Women's Health:

- |   |   |
|---|---|
| <input type="checkbox"/> Fertility and nutrition      | <input type="checkbox"/> PCOS (polycystic ovarian syndrome) |
| <input type="checkbox"/> Pre/Post Pregnancy Nutrition |   |

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## Liver Health:

Fatty Liver Disease

MAFLD/ MASH

## Blood Sugar Management:

Hypoglycemia

Prediabetes / Impaired FBG / OGTT

Type 2 diabetes

Other: \_\_\_\_\_

## Pertinent Labs attached:

Triglycerides

Total Cholesterol

LDL-Cholesterol

HDL-Cholesterol

Fasting Blood Glucose / HbA1c

Electrolytes (Sodium, potassium)

eGFR/ACR  Optional: Ferritin, Iron, B12, Thyroid markers

## Additional notes:

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