



# Capital Health

Food and Nutrition Services

## Nutrition Education Clinic (NEC) Home Enteral Nutrition Referral Form

QEII Health Sciences Centre  
Victoria General Site  
5th Floor Dickson Building  
5820 University Avenue  
Halifax, NS B3H 1V8  
Tel: (902) 473-6592 Fax: (902) 473-3847

**Urgent Referral:**       Yes       No

### **Client History:**

Reason for Referral \_\_\_\_\_

Medical History \_\_\_\_\_

Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Date of procedure \_\_\_\_\_

Feeding formula and regimen (if the client is already receiving enteral nutrition): \_\_\_\_\_

Does the client receive service from Home Care Nova Scotia?       Yes       No

### **Clinical Data:**

Collection date \_\_\_\_\_

Na\_\_\_\_\_                                      K\_\_\_\_\_                                      Mg\_\_\_\_\_                                      PO<sub>4</sub>\_\_\_\_\_

Ca\_\_\_\_\_                                      Urea\_\_\_\_\_                                      Creatinine\_\_\_\_\_                                      Albumin\_\_\_\_\_

Prealbumin\_\_\_\_\_                                      Height\_\_\_\_\_cm                                      Weight\_\_\_\_\_kg

Challenges that would influence learning (i.e. mental/physical)? \_\_\_\_\_

### **Client must have a support person attend clinic visits**

Referring Physician \_\_\_\_\_                                      Please Print: \_\_\_\_\_

Address: \_\_\_\_\_

Date: (YYYY/MM/DD) \_\_\_\_\_                                      Telephone: \_\_\_\_\_                                      Fax: \_\_\_\_\_

