



Capital Health

Food & Nutrition Services

Nutrition Education Clinic (NEC)

Referral Form

Check applicable Site:

- | | |
|--|--|
| <input type="checkbox"/> QEII Health Sciences Centre (QEII) | Fax # 473-3847 |
| <input type="checkbox"/> Dartmouth General Hospital (DGH) | 465-8597 |
| <input type="checkbox"/> Hants Community Hospital (HCH) | 792-2253 |
| <input type="checkbox"/> Cobequid Community Health Centre | 465-8597 (Hyperlipidemia and Weight Management classes only) |
| <input type="checkbox"/> Twin Oaks Memorial Hospital | 889-2470 |
| <input type="checkbox"/> Musquodoboit Valley Memorial Hospital | 384-3310 |
| <input type="checkbox"/> Eastern Shore Memorial Hospital | 885-3210 |
| <input type="checkbox"/> Community Health & Wellness Centre, North Preston | 434-4022 |

Client History: Include information pertaining to patient's referral (ht, wt, biopsy date, etc.) _____ **REFERRAL URGENT**
(please check if necessary)

Reason for Referral _____

Medical History _____

Medications _____

Can we safely encourage regular physical activity? Yes No
Challenges that would influence learning (i.e. mental/physical)? _____

Is client appropriate for a group? Yes No
Requires a support person to attend? Yes No

Clinical Data: Collection date: _____

Blood Pressure: _____

Group Programs: **Due to referral demand, following offered as group sessions*

Chol: _____ LDL: _____ mmol/L

Trig: _____ BG: _____ mmol/L

HDL: _____ Chol ratio: _____

Height: _____ cm Weight: _____ kg

Please check (see next page for site availability)

- Living Gluten Free (Celiac Disease Edu)
- Heart Healthy Classes
- Weight Management
- Irritable Bowel Syndrome
- Shaking the Salt Habit

Small Bowel Biopsy date confirming Celiac: _____

Referring Physician: _____ Please print: _____

Address: _____

Date (YYYY/MM/DD): _____ Telephone: _____ Fax: _____



OFFICE USE ONLY	
Type of appointment:	<input type="checkbox"/> GRP <input type="checkbox"/> HL <input type="checkbox"/> IBS <input type="checkbox"/> WM <input type="checkbox"/> GID <input type="checkbox"/> GEN <input type="checkbox"/> DE <input type="checkbox"/> Celiac

*** Please prepare and maintain a supply of this form as additional copies will not be made available.



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Nutrition Education Clinic

NUTRITION EDUCATION CLINICS' (NEC) REFERRAL FORM

***Please note required attachments for some referrals**

Group Education Programs: (Hants and Tri-facility Sites offer individual counselling only):

- **Heart Health (Hyperlipidemia)** – For patients diagnosed with lipid abnormalities. *Serum lipid profile and blood pressure must accompany referral.*
- **Weight Management** – For patients with BMI > 27, with one or more associated medical condition(s) modifiable through healthy eating. Height, weight and qualifying medical condition(s) must accompany referral. *Height, weight and qualifying information **must** accompany referral.*
- **Irritable Bowel Syndrome (IBS)*** – For patient diagnosed with IBS.

Site specific:

- **Living Gluten Free** - For patients diagnosed with Celiac Disease. **Available only at QEII.**
- **Shaking the Salt Habit [DASH Diet]** - For patients diagnosed with Hypertension. **Available only at DGH Site.**

Individual Counselling:

- **Allergy**
- **Gastrointestinal Disorders** – e.g.: Diverticular Disease, Gastroesophageal Reflux, Liver Disease, Dumping Syndrome, Celiac Disease *, Inflammatory Bowel Disease, Diarrhea & Constipation. ** Small bowel biopsy results required.*
- **Low Blood Sugar (Hypoglycemia)** – For patients with low a.c. blood glucose levels. *Include patient's glucose values and symptoms on referral form.*
- **Specific Nutrient Deficiency** *Include applicable lab data on referral form.*
- **Low Body Weight or Unexplained Weight Loss:** Body Mass Index (BMI) < 18.5. *Include patient's height and weight on referral form.*
- **Disordered Eating and/or Body Image** *– Eating disorders or abnormal eating behaviors that are disruptive to normal life. ** Available at Hants and DGH only. For eating disorder day clinic located at Abbie J. Lane Bldg., see separate referral and fax to 473-6282.*
- **Healthy Eating, Vegetarian** – *Not seen unless there is an associated medical condition.*
- **Maternal and Pediatric Nutrition** *. ** Available at Hants, DGH and Tri-Facilities only. In Halifax please refer to IWK/Grace.*
- **Diabetes Management** - *Available at North Preston only. Please refer to Diabetic Education Clinic.*

SITE ADDRESSES AND FAX NUMBERS:

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

Dartmouth General Hospital

Lower Level
325 Pleasant Street
Dartmouth, NS B2Y 4G8
Tel: (902) 465-8532
Fax: (902) 465-8597

Hants Community Hospital

89 Payzant Drive
Windsor, NS
B0N 2T0
Tel: (902) 792-2268
Fax: (902) 792-2253

Cobequid Community Health Centre

40 Freer Lane
Lower Sackville, NS
B4C 0A2
Tel: (902) 869-6544
Fax: (902) 465-8597

Tri-Facilities:

Eastern Shore Memorial (ESMH)

22637, #7 Highway
Sheet Harbour, NS
B0J 3B0
Tel: (902) 885-3603
Fax: (902) 885-3210

Twin Oaks Memorial Hospital (MVMH)

7704, #7 Highway
Musquodoboit Harbour, NS
B0J 2L0
Tel: (902) 889-4104
Fax: (902) 889-2470

Musquodoboit Valley Health Centre

492 Archibald Brook Rd.
Middle Musquodoboit, NS
B0N 1X0
Tel: (902) 384-4103
Fax: (902) 384-3310

North Preston Community Health Centre

44 Simmonds Road
North Preston, NS
B2Z 1A3
Tel: (902) 434-3807
Fax: (902) 434-4022

- Patients previously counselled in the NEC, who have not attended in more than 12 months, will require a new referral.
- If a newly referred patient has not attended his/her scheduled appointment on two occasions, the referral will be returned to the referee.

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