Outpatient Referral to Dietitian

REF50

Preferred Zone:

- ☐ Eastern Urban
- ☐ Eastern Rural
- ☐ Western
- ☐ Central
- ☐ Labrador-Grenfell

Is this an Adult or Pediatric Referral?

If Adult:

Reason(s) for Referral:

☐ **Chronic Disease Management**

Chronic Disease of Concern:

- ☐ Cancer
- ☐ Cardiovascular Disease
- ☐ Chronic Kidney Disease
- ☐ Diabetes Management
- ☐ Liver Disease
- ☐ Neurological Disorder
- ☐ Obesity Management
- ☐ Other
- ☐ Pulmonary Condition

Please Specify:

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☐ **Compromised Skin Integrity**

Type of Wound:

- ☐ Poor Wound Healing
- ☐ Pre/Post Surgery
- ☐ Pressure Injury Prevention
- ☐ Other

Please Specify:

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☐ **Digestive Health/Disorders**

Digestive Health/Disorder of Concern:

- ☐ Acute IBD
- ☐ Electrolyte Imbalances
- ☐ Enterostomy/Ostomy
- ☐ IBS
- ☐ Intestinal Failure
- ☐ Liver Disease
- ☐ Malabsorption
- ☐ Nutrition Support (Tube feed)
- ☐ Other
- ☐ Pancreatic Insufficiency

Please Specify:

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☐ **Lifestyle/Nutritional Health Promotion**

Type of Lifestyle/Nutrition Education of Interest:

- ☐ Food Insecurity
- ☐ General Nutrition Education
- ☐ Maternal Health
- ☐ Pre/Post Operative Nutrition Education
- ☐ Vegetarian/Vegan Diet
- ☐ Other

☐ **Malnutrition Risk**

Type of Risk Factors Patient Presents With:

- ☐ Decreased Oral Intake
- ☐ Inadequate Oral Intake
- ☐ Other
- ☐ Significant Weight Changes
- ☐ Unintentional Weight Loss >6 months

Percent Weight Change Noted:

- ☐ 1-2% Within 1 Week
- ☐ 5% Within 1 Month
- ☐ 7.5% Within 3 Months
- ☐ 10% Within 6 Months

Please Specify:

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☐ **Other**

Referral Type:

- ☐ New Referral
- ☐ Update to Existing Referral

If Pediatric:

Reason(s) for Referral:

☐ **Altered GI Function**

Diagnosed GI Disorder:

- ☐ Celiac Disease
- ☐ Diarrhea
- ☐ Food Protein Induced Enterocolitis Syndrome (FPIES)
- ☐ Intestinal Failure
- ☐ Liver Disease
- ☐ Pancreatic Insufficiency
- ☐ Small Intestinal Bacterial Overgrowth (SIBO)
- ☐ Constipation
- ☐ Eosinophilic Esophagitis
- ☐ Inflammatory Bowel Disease (IBD)
- ☐ Irritable Bowel Syndrome (IBS)
- ☐ Low FODMAP
- ☐ Reflux

☐ **Barrier to Feeding**

Barriers to Feeding:

- ☐ Difficulty with Food Variety/Volume
- ☐ Nutrition Support Monitoring (Tube Feed)
- ☐ Suppressed Appetite
- ☐ Difficulty with Food/Fluid Texture(s)
- ☐ Severely Restricted Food Range / Food Aversions
- ☐ Eating Disorder/Disordered Eating

☐ **Food/Nutrition Education**

Type of Education Required:

- ☐ Food/Nutrient Intolerance/Allergy
- ☐ Picky Eating
- ☐ Vitamin/Mineral Deficiency
- ☐ Mild Constipation
- ☐ Renal Nutrition
- ☐ Vegetarian/Vegan

☐ **Medical Nutrition Therapy**

Type of Medical Nutrition Therapy Required:

- ☐ Cystic Fibrosis
- ☐ Inborn Error of Metabolism
- ☐ EEN/CDED for Inflammatory Bowel Disease
- ☐ Ketogenic Diet

☐ **Suboptimal Growth**

Severity of Suboptimal Growth:

☐ Greater Than 10% Weight Loss

☐ Post Hospital Discharge Growth and Intake Monitoring

☐ Suboptimal Growth

If Greater Than 10% Weight Loss — Age Range of Patient:

☐ 0-24 Months

☐ 2-17 Years

If Post Hospital Discharge — Age Range of Patient:

☐ Neonate Less Than 1500g Birth Weight

☐ 0-24 Months

☐ 2-17 Years

If Suboptimal Growth — Age Range of Patient:

☐ 0-6 Months

☐ 6-24 Months

☐ 2-17 Years

Please Specify:

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☐ **Other**

Referral Type:

☐ New Referral

☐ Update to Existing Referral