Dietitian Referral Form

To: Eliana Witchell, MSc, RD
Eat ;Different RD

Patient name: _____ Date: _____

Health card number: _____

Phone number(s): _____

Email: _____

Referring physician: _____

Physician contact: _____

Physician fax: _____

Reason for Consult:

☐ Dyslipidemia ☐ Pre-diabetes ☐ Diabetes Type 2 ☐ Injury Recovery

☐ Hypertension ☐ Diabetes Type 1 ☐ Weight Management ☐ Diet Optimization

Other: _____

Medical History: _____

_____

Current Medications: _____

_____

Anthropometrics and Lab Results:

Fasting Insulin: _____ HDL: _____ WC: _____

FBG: _____ LDL: _____ CBW: _____

Hg-A1C: _____ TG: _____ Ht: _____

Total Chol: _____ BP: _____

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