

**Find BC Dietitians**

# Practitioner Referral Form - Find BC Dietitians

*Please fax referral to (604) 398-8365. Your office will receive confirmation via fax that this referral has been received. We book appointments directly with the patient or family.*

**This referral is for a Specific Registered Dietitian:**

If you are referring to a specific dietitian in our directory, please provide his/her name here. If leave blank we will automatically match your client up with one of our dietitians.

**Referring Practitioner's Contact Information**

Referring Practitioner	
Office Phone #	
Office Fax #	

**Patient's Contact Information**

Name	
Date of Birth	
Gender	
Phone #	

**Primary Reason for Dietitian Referral**

**Relevant Diagnoses and Medical Concerns:**

**Attached Relevant Medical Records (send by fax)**

Consultation Notes  
Growth Chart (Peds)

Recent Lab Reports  
Others \_\_\_\_\_

**Consent of Referral**

I Confirm Patient has Consented to this Referral	Yes	No	N/A
I Confirm that the Parent/Guardian has Authorized this Referral (for children under 12 years old)	Yes	No	N/A

**Additional Comments:**

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**Thank you for your referral!**

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<b>Referring Practitioner</b>	
<div style="border-bottom: 1px solid black; margin-bottom: 5px;">X</div>	
<b>Print Name:</b>	<b>Date:</b>