**Nutrition Counselling Referral Form**

Name of patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information of patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referring physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Please attach relevant lab work, medication list, and investigations for referral (e.g. tTg IgA, colonoscopy results, cholesterol, A1C, ferritin, B12, etc.)

Please fax referral form to 833-215-5237 and provide patient with contact information below.

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To book a nutrition counselling session with Kavanagh Danaher, Registered Dietitian:

1. You can book online at: <https://kavanaghdanaher.janeapp.com/>
2. Call Kavanagh directly to book an appointment at 778-953-0877.

\*Please note, Kavanagh is unable to answer calls between 8am-4pm from Monday-Thursday and will respond to your message as soon as possible.