Toronto General
Toronto Western
Princess Margaret
Toronto Rehab
Michener Institute

Driscoll Family Digestive Health Centre
Toronto Western Hospital
399 Bathurst St, Toronto, ON M5T 2S8
Endoscopy Unit: 4th Floor East Wing

NUTRITION CLINIC REFERRAL FORM

FULLY COMPLETE & FAX TO: 416-603-6204

Referral date:__________________
(dd-mm-yyyy)

PATIENT LAST NAME:				PATIENT FIRST NAME:
HEALTH CARD #:			VERSION CODE:	DATE OF BIRTH (DD-MM-YYYY):
☐ SELF PAY				☐ OUT OF PROVINCE PROVINCE: ________________________
SEX ON HEALTH CARD: ☐ M ☐ F ☐ X		GENDER:		Language Spoken: ____________________ ☐ Interpreter Required
ADDRESS:				PRIMARY PHONE #:
CITY:	PROV.	POSTAL CODE:		SECONDARY PHONE #:

The Gastroenterology Nutrition clinic is a unique comprehensive clinic where patients have access to an in-depth nutrition assessment as well as receive dietary guidance and support to complement their current clinical gastrointestinal care. The clinic will not assume the ongoing primary GI care and the patient will follow-up with the referring provider.

For patient assessments for parenteral nutrition support, please contact the Home PN Program at Toronto General Hospital (Fax: 416 340 5455)

INDICATION (check all that apply):

	Malabsorption (Celiac, IBD, pancreatic insufficiency, GI surgery, other		Unintentional weight loss		Nutrition optimization
	Intake limitations (Gastrointestinal motility disorders)		Short-gut/intestinal failure		Nutrient deficiencies
	Medically complex diagnosis with nutrition implications		Therapeutic diet (IBD, IBS, Eosinophilic enteropathy, other)		GI symptoms (constipation, reflux)

ATTACH ALL RELEVANT INFORMATION

Reports **MUST** be attached to this referral:
☐ Current Medication & Allergy List ☐ Past Medical & Surgical History ☐ Endoscopic & Imaging Reports

REFERRING PROVIDER

NAME:			OHIP BILLING #:
PHONE #:	ADDRESS:		
FAX #:	CITY:	PROV:	POSTAL CODE:

ADDITIONAL COMMENTS FOR REFERRAL:

Date Triaged:	Book Within: ____________ Week (s)/ _________ Month(s)