Alberta Health Services

Nutrition Services Use
Appointment Date
Appointment Time

Child Health Outpatient Nutrition Counselling Referral (Edmonton Zone)

For patients with the following conditions, contact the corresponding program below:

- **Celiac Disease, Inflammatory Bowel Disease** - Pediatric Gastroenterology Call 780.248.5420; Fax 1.888.353.1157
- **Diabetes Mellitus** - Pediatric Diabetes Program, UAH. Call 780.407.6888; Fax 780.407.1509
- **Dysphagia** - Pediatric Feeding and Swallowing Program, complete Form CH-1085 - Outpatient Services Feeding and Swallowing Referral
- **Eating Disorder** - Eating Disorder Program, UAH. Call 780.407.6575; Fax 780.407.6672

For Children 2 - 17 years with BMI for age greater than or equal to 85th percentile, refer to the Pediatric Centre for Weight and Health using the Central Access Referral Form *http://www.albertahealthservices.ca/2807.asp*.

For all other referrals, complete the form and Fax completed referral to Nutrition Services at 780.735.5105. Patient will be contacted directly by Nutrition Services to book an appointment.

Patient Information			
Date *(yyyy-Mon-dd)*	First Name	Last Name	
Date of Birth *(yyyy-Mon-dd)*	Personal Health Number	Gender ☐ Male ☐ Female	Height *(cm)*
Weight *(kg)*	Weight-for-length Percentile *(birth - 24 months. Attach child's growth chart with form)*		
BMI	BMI-for-age-Percentile *(2 - 17 years. Attach child's growth chart with form)*		
Medications		Vitamins	

Parent/Guardian First Name	Parent/Guardian Last Name	Contact Number	Alternate Number
Address		City/Town	Postal Code

Medical History / Pertinent Health Issues *(If space below is insufficient, attach additional page)*

Limitations *(physical / learning / language)*

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Patient First Name	Patient Last Name	Personal Health Number

Primary Reason(s) For Referral

Weight Measures Low:

☐ Downward shift in growth pattern *(e.g. sharp decline, movement across percentiles nearing the 3rd percentile or growth line is flat)*

☐ Below 3rd percentile weight - for - length *(birth - 24 months)*

☐ Below 3rd percentile BMI - for - age *(2 - 17 years)*

Weight is ahead of height

☐ Upward shift in growth pattern *(e.g sharp incline or movement across percentiles nearing 85th percentile BMI for age or 90th percentile weight for length)*

☐ Above 90th percentile weight for length *(birth - 24 months)*

☐ Allergy(ies) or intolerance impacting diet adequacy

☐ Dyslipidemia

☐ Irritable Bowel Syndrome

☐ Iron Deficiency Anemia

☐ Inappropriate diet for age *(e.g delayed texture progression)*

☐ Feeding difficulties/caregiver education

☐ Restricted diet resulting in nutrient deficiencies *(e.g vegan, picky eating)*

☐ Other *(e.g. Prediabetes)* _____

Preferred Location

☐ Glenrose Rehabilitation Hospital

☐ Royal Alexandra Hospital

☐ Stollery Children's Hospital

Comments

Referring Physician

First Name	Last Name	Signature	Phone Number	Fax Number

Mailing Address *(If letter should be sent to another health care provider, provide/attach contact information)*