

Hakim Family Nutrition



The Right Solution

NUTRITION REFERRAL FORM
Registered Dietitian Consulting Services

Fee for Service- Direct Billing available to Manitoba Blue Cross & Great West Life medical plans

First and Last Name: _____ Sex: Male, Female D.O.B: DD/MM/YYYY

Name of Parent or Guardian (if Applicable): _____

Address: _____

Phone Number: _____

Email: _____

Reason for Referral: _____

Height (cm): _____

Weight (Kg): _____

BMI: _____

Please provide related lab results or a copy of blood tests:

Current Medications: _____

Medical History: _____

Physical Activity Restrictions (If Applicable): _____

Referring by: Medical Doctor Nurse Practitioner

Name (please print)/Clinic _____

Address: _____

Phone: _____

Fax: _____

Signature _____

Date: _____

Please fax the Nutrition Referral Form and related blood test results attention to Elahe Askari, RD.

Clinic Address: White Cross Health Care
647 Broadway, 2nd floor -Winnipeg, MB. R3C 0X2
Phone: 204-504-5300
Fax: 204-783-4223
Email: info@hakimfamilynutrition.ca