



X	North Lambton
X	West Lambton
X	East Lambton

NUTRITION SERVICES – REGISTERED DIETITIAN EXTERNAL REFERRAL FORM

Please indicate preferred referral site:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> North Lambton
59 King Street
Forest
Phone: 519-786-4545
Fax: 519-786-3023 | <input type="checkbox"/> North Lambton
6275 Indian Lane
Kettle Point
Phone: 519-786-2700
Fax: 519-786-4992 | <input type="checkbox"/> West Lambton
429 Exmouth Street
Sarnia
Phone: 519-344-3017
Fax: 519-344-6436 | <input type="checkbox"/> East Lambton
536 Simcoe Street
Watford
Phone: 519-333-2747
Fax: 519-333-6447 |
|---|---|--|--|

Name: _____	Date of Birth: _____
Address: _____ _____	Phone: _____
	Health Number: _____
Primary Care Provider: _____	Phone: _____
	Fax: _____
Referring Health Care Provider: _____	
Please specify fax number or address to forward assessment report to: _____	

Nutrition Services – Reason for Referral:

Is client aware of the referral? ___ Yes ___ No

Current Medical Conditions:

Is recent blood work attached? ___ Yes ___ No

Past Medical Conditions:

Current Medications:

Signature

Date