Barrie Community Health Centre

Address: 490 Huronia Road, Barrie, ON L4N 6M2
Phone: (705) 734-9690 Fax: (705)734-0239
Website: www.bchc.ca

REGISTERED DIETITIAN REFERRAL FORM

Note that patients referred to RD services must:

- not have a family physician with the Family Health Team
- not be seeking treatment for Diabetes, GDM or Eating Disorders
- not have extended health coverage through private insurance

Note: For Diabetes or GDM, can be referred to our Diabetes Education Program at BCHC.

Referral Date: _____ Please fax completed form to: **705-734-0239**
Day/Month/Year

Patient's Name: _____ OHIP #: _____

Patient's D.O.B.: _____ Patient's Phone: _____
Day/Month/Year

Patient's Address (include Postal Code): _____

Reason for Referral:

- ☐ Dyslipidemia
- ☐ Obesity/Weight Management
- ☐ HTN
- ☐ Food Allergies
- ☐ GI Disorders
- ☐ Infant/Toddler Feeding Issues
- ☐ Nutrient Deficiences
- ☐ Other: _____

Other Pertinent Health Information (if relevant):

Current Medications: _____

Relevant Lab Data: _____

Name of Family Physician: _____

Name of Referral Source: _____

Signature _____ Phone Number: _____

Fax number: _____