

CWC PCN Dietitian Program Referral Form

Fax to 587.387.7264. Incomplete referrals will be returned to the ordering physician.

Date: _____

Inclusion criteria

- Patient requires nutritional counselling for **one or more of the primary concerns listed below**.
- Patient is 10 years of age or older.
- Patient is not eligible for coverage by other health payers and is not able to pay for services out of pocket.

Please specify the condition(s) and attach relevant labs if available (see page 2).

Primary reason(s) for referral	Comments
<input type="checkbox"/> Irritable bowel syndrome <input type="checkbox"/> Crohn's disease <input type="checkbox"/> Ulcerative colitis <input type="checkbox"/> Celiac disease <input type="checkbox"/> Liver health <input type="checkbox"/> Kidney health <input type="checkbox"/> Polycystic ovary syndrome	
	Relevant medical history
	Is the patient pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No

Instructions

For nutritional counselling regarding the following conditions:

- Obesity and weight management
- Cardiovascular health
- Diabetes

Refer patients to your Primary Care Registered Nurse or Alberta Healthy Living Program (see page 2).

For referral reasons not listed, please refer to the Nutrition Resources Guide (see page 2).

Patient information *Affix patient label or enter information here*

Patient name: _____	PHN: _____	DOB (yyyy/mm/dd): _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to disclose <input type="checkbox"/> Other: _____		
Address (include city and postal code): _____		
Phone (H): _____ (C): _____		
Preferred pronouns: <input type="checkbox"/> She/her/hers <input type="checkbox"/> He/him/his <input type="checkbox"/> They/them/theirs <input type="checkbox"/> Other: _____		
Email: _____		
Preferred contact person (if applicable): _____		Relationship: _____
Preferred contact number (H): _____		(C): _____

Provider information

Referring physician name: _____	Clinic name: _____
Clinic phone number: _____	Clinic fax number: _____
Family physician name (if different): _____	
CWC PCN regulated health professional (if applicable): _____	

CWC PCN Dietitian Program Referral Form

Relevant Labs

Condition	Relevant labs (if available)
Inflammatory bowel disease (Crohn's or ulcerative colitis)	Hgb and iron studies, calprotectin, CRP, FIT test, colonoscopy
Celiac disease	Celiac serology (anti-DGP and IgA tTG), total IgA levels CBC, iron studies, vitamin B studies, thyroid function tests, liver enzymes, calcium, phosphate, Vitamin D, Copper, Zn
Liver disease	Liver panel (ALT, AST, ALP), albumin, total protein, bilirubin, LD, PT
Kidney disease	eGFR, creatinine, urine albumin, uACR, electrolytes (phosphate, potassium, calcium, sodium)
Polycystic ovary syndrome	Lipid panel, free testosterone, DHEA, estradiol, A1c, fasting blood glucose, LH, FSH, prolactin, TSH
If patient is pregnant	CBC, OGTT, folate

Alberta Healthy Living Program (AHLP)

The AHLP is a community-based chronic disease management program that provides free education and self-management support, nutrition counselling, workshops, and supervised exercise programs. Programs are offered virtually and in person in several languages.

The AHLP offers various **dietitian-led group courses** for chronic conditions. Courses can be accessed via [self-referral](#).

One-on-one appointments with an **AHLP dietitian** are also available for patients with altered digestive function, liver or malnutrition-related concerns. The service can be accessed by [referral](#) from a healthcare provider or by self-referral (patients can call 1.844.527.1160 to register).

Health Link Dietitian Service

The [Health Link Dietitian Service](#) provides a variety of services, including adult and pediatric nutrition advice, resource navigation, and referrals to community nutrition programs. A referral to one-on-one counselling with a dietitian may also be arranged where appropriate. Patients can complete an online [self-referral](#) or call 811 and request to speak to a dietitian. They will receive a call back within three business days.

Health Link dietitians can help determine if the patient needs further assessment or nutrition care from a dietitian. If the patient needs additional support, the Health Link dietitian can:

- Provide information about group nutrition workshop and classes that are facilitated by AHS dietitians
- Refer the patient to an outpatient dietitian service

CWC PCN Nutrition Resources Guide

This Nutrition Resources Guide provides curated lists of community resources available to patients for a variety of conditions, including:

- Obesity and weight management
- Diabetes
- Cardiovascular health
- Emotional eating/mental health
- Gastrointestinal health
- Liver and kidney health
- Pediatrics
- Breastfeeding
- Pregnancy
- Cancer
- General nutrition education

To access the resources guide, please [open the guide](#) or go to cwpcndocs.com and search Nutrition Resources Guide.