West Winds Primary Health Centre
3311 Fairlight Drive,
Saskatoon, SK S7M 3Y5

Chronic Disease Management
West Winds Phone: 306.655.4260
Fax: 306.655.4893

Royal University Hospital,
103 Hospital Drive,
Saskatoon, SK S7N 0W8

NUTRITION CONSULTATION REFERRAL

Date: ______________________

Patient Information: (Please Print and fill in all information. Thank You!)

Patient Name: ____________________________________

Address: _______________________________________ Postal Code: ________

DOB: _________________________ PHN: ________________________

Phone Number: Home: ____________ Work: ____________ Cell: __________

Urgent Request: Yes _____ No _____

Reason for referral / Nutrition Concerns:

Medical History:

Relevant Lab Data: (or attach latest lab results)

Medications:

Physician Information: Name: _________________ Clinic: _______________

Address: _______________________________________ Postal Code: _______

Phone #: _______________ Fax #: _______________