**Patient Referral Form**
**Synergy Centre Dietitian Services**

Please fill this form out to the best of your ability and send to dietitian@sclondon.ca prior to your first appointment

| | |
|---|---|
| Name: | |
| Date of Birth: | |
| Home Phone: | |
| Other Phone: | |
| Email: | |
| What is the best time of day and method to contact you? | |

What is/are the reason(s) why you would like to see a dietitian?

| | | | |
|---|---|---|---|
| ☐ | Heart disease | ☐ | High cholesterol |
| ☐ | High triglycerides | ☐ | High blood pressure |
| ☐ | Low blood pressure | ☐ | Diabetes |
| ☐ | High blood sugars | ☐ | Low blood sugars |
| ☐ | Sports nutrition | ☐ | Meal planning |
| ☐ | Weight loss | ☐ | Nutrigenomix |
| ☐ | Other: | | |

| Questions/ Comments: |
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**Dietary Intake Journal**

Complete this journal for three days for all food, liquids and supplements, including brands and serving sizes. See the example below.

**Remember** – the more honest you are, the better we can help!

**Date: _____**

| Time of Day | Item | Amount |
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**Date: _____**

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**Date: _____**

| Time of Day | Item | Amount |
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Example

| Time of Day | Item | Amount |
|---|---|---|
| 7am | Liberte Greek yogurt, plain | 1 cup |
| | Frozen blueberries | 1 cup |
| | Coffee | Timmy's large, 2 cream, 1 sugar |
| 12pm | Dempster's bread | 2 slices |
| | tuna, canned | 1 can |
| | mayo, light | 1 tbsp |
| | Kashi almond flax granola bar | 2 |
| | water | 500 mL |
| 3pm | Starbuck's oatcake | 1 square |
| | Skinny vanilla latte | tall |
| 6pm | Pizza Pizza pepperoni pizza | 2 slices from a large |
| | Diet Coke | 1 can |
| | Chocolate chip cookies (homemade) | 2 |
| | | |

Signature: _____ Date: _____

Thank you! We look forward to seeing you soon!