

Capital Health

Food and Nutrition Services

Nutrition Education Clinic (NEC) Home Enteral Nutrition Referral Form

QEII Health Sciences Centre Victoria General Site 5th Floor Dickson Building 5820 University Avenue Halifax, NS B3H 1V8

Urgent Referral:

Tel: (902) 473-6592 Fax: (902) 473-3847

□ Yes

 \square No

Client History:

Reason for Referral					
Allergies					
Date of procedure					
Feeding formula and regim	en (if the client is a	ready receiving	g enteral nutrition)		
Does the client receive ser	vice from Home Care	Nova Scotia?	□ Yes □	No	
Clinical Data:					
Collection date					
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Prealbumin	Heightcn	n We	ightkg		
Challenges that would influence learning (i.e. mental/physical)?					
Client must have a support	person attend clinic	: visits			
Referring Physician			Please Print: _		
Address:					
Date: (YYYY/MM/DD)			Fax:		



Referral Forms

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