MELISSA FORTIER
REGISTERED DIETITIAN

NUTRITION CONSULTATION REFERRAL FORM

Please provide us with the following medical information concerning the referred patient and fax the completed form to **(705) 419-2940.**

Patient Name: _____ DOB: _____

Patient Phone Number: _____

Referring Health Care Provider: _____

Office Address: _____

Office Phone Number: _____ Office Fax Number: _____

Reason for Referral (e.g., diabetes, IBS, dyslipidemia): _____

_____

Comment(s): _____

_____

_____

*Please attach pertinent medical history, pertinent lab results, medication list, and growth charts (pediatric patients only).

Thank you! Merci!

Date: _____ Provider Signature:_____

Melissa Fortier, RD, Dt.P
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Services available in English or French | Virtual or phone visits
Tel.: (705) 885-8720 | **Fax back to: (705) 419-2940**

Nutrition counselling services are not covered by OHIP but may be reimbursed through private insurance. Standard fees are $140 for initial assessments and $70 for follow-up sessions.