

Self-Referral for One-to-One Nutrition Services

Name:	Date of Birth (DD MM YY):	Student Number:
Phone number:	Email:	Emergency Contact:
Address:		

Please explain what goals you would like to achieve through appointments with a dietitian:

Do you have any mental or physical health concerns that make it more challenging to meet your nutrition needs (for example – a food allergy or special diet, a medication that impacts your appetite, current or past eating disorder or disordered eating, anemia, etc.)

Are you currently connected with any on- or off-campus supports (i.e. physician, counsellor, occupational therapist, psychiatrist, SAS advisor, USHINE peer)?