

intuition nutrition.

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REGISTERED SOCIAL WORKER (THERAPY) REFERRAL

Date of referral: _____

Patient Name: _____

Physician Name: _____

DOB: _____

Signature: _____

Phone: _____

Phone: _____

REFERRAL INFORMATION:

Patient aware of referral: ☐ Yes ☐ No

Reason for referral: _____

Physician comments: _____

PLEASE FAX THIS TO 519-204-0729

Below are examples of appropriate referrals reasons:

- ☐ Anxiety
- ☐ Emotional eating
- ☐ Disordered eating behaviours (**NOT active diagnosed eating disorders or suspected eating disorders in <18 yrs old** – please refer these patients to specialized Eating Disorders programs)
- ☐ Depression
- ☐ Stress/overwhelm
- ☐ Life transitions
- ☐ Parenting stress
- ☐ Menopause-related mental health concerns

PLEASE NOTE: We specialize in helping patients improve their relationship with food and break-free from diet culture through a gentle and supportive non-diet approach that is rooted in Intuitive Eating principles.

If we feel your patient would benefit from another therapist in the community, we will let our referral coordinator know so that she may re-route the referral!

Please do not hesitate to contact info@intuitionnutrition.ca with any questions.