



FOOD AS MEDICINE REFERRAL FORM

**Please make sure that you can answer “yes” to the following questions prior to referring your patient to the group.

- Have you discussed this referral with your patient? Yes No
- Is your patient prepared to make significant changes to their diet to improve physical and mental health? Yes No

Diagnoses accepted: mood disorders, anxiety disorders, fibromyalgia, autoimmune disorders with mood issues.

Which group are you referring your patient to:

Mood and pain GMV Mood Disorder GMV

Referring Dr. Name: _____ MSP Number _____

Office Address _____ Postal Code: _____

Office Fax: _____ Office Phone: _____

Patients Name: _____

PHN: _____ Phone: _____ DOB: _____

Address _____ (include postal code)

EMAIL: _____ Gender _____

Psychiatric Diagnosis: _____

Medical Diagnosis: _____

- Has your patient had a psychiatric consultation? If yes please send a copy of the consultation
- Has your patient had a consultation for a pain disorder? If yes please send a copy of the consultation.
- Has your patient had any lab tests in the last 6 months? If yes, please send a copy of all lab results.

If your patient is actively suicidal, or has symptoms of mania or psychosis, they will need to be psychiatrically stabilized prior to referral to the group. This group is not suitable for individuals with active eating disorders, substance abuse disorders, autism spectrum disorders or severe cognitive impairment.

This group does not manage psychiatric medications.

All patients will be scheduled for a psychiatric consultation with Dr. Wicholas prior to acceptance to the group.

Mood Disorders Association of B.C. A branch of Lookout Housing and Health Society

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