

Nutrition Counselling Referral Form



I can help your clients implement your recommendations into their vision for health and wellness. I provide secure, virtual meetings or in-person counselling sessions at Safe Harbour Therapy.

Client name: _____ Client phone #: _____

Reason/s for referral:

- Emotional/binge eating
- Disordered/dysregulated/chaotic eating
- Healthy eating, balanced nutrition
- Mindful, intuitive eating for optimal health
- Life change and wellness coaching
- Other: _____

**Please note that my approach is not suitable for clients with a diagnosis of anorexia nervosa.*

Referring practitioner:

Name: _____

Phone: _____

Fax: _____

Clinic name: _____

Clinic address: _____

Clinic email: _____

Additional patient information/notes:

————— Lisa Kehler, Wellness & Nutrition Coach —————

SEND FORM TO:

Email: lisa@fullonlife.ca

Fax: (204) 400-4031

CONTACT:

Email: lisa@fullonlife.ca

Phone: (204) 899-7328

FullOnLife.ca

OFFICE:

Safe Harbour Therapy

161 Stafford St, Suite 3

Winnipeg, MB, Canada R3M 2V8