

Teri Funk,  
Registered Dietitian  
Weight Loss Services  
Alberta, Canada

## Referral to Teri Funk, RD

Date (*yyyy-Mon-dd*): \_\_\_\_\_

### Patient Information

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Email: \_\_\_\_\_

### Reason for Referral

- Patient wants help to lose weight       Patient wants general nutrition help

Other (*specify*): \_\_\_\_\_

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Please attach relevant documents (e.g. medications, lab data, or growth chart) or write about them and any important details below (e.g. medical/weight history):

### Referring Provider

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Job title: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Please send this referral to Teri Funk by **email ([teri.nutrition300@gmail.com](mailto:teri.nutrition300@gmail.com))** or **fax (780-401-3062)**. The patient can go to [www.dietitianteri.com](http://www.dietitianteri.com) and book a video/phone call with her right away. If necessary, Teri will email the patient within about two working days to remind them to book a call.