



Central Island Healthy Lifestyles:
Shapedown BC
39-1925 Bowen Road
Nanaimo, BC V9S 1H1
Phone; 250-755-7955 Fax 250-755-7946



Central Island
Healthy Lifestyles
Shapedown BC

SHAPEDOWN BC - BC Physician Referral Form

Please print clearly or fill in electronically

Date: _____

Child's Full Name: _____ Male ☐ or Female ☐

Child's Age: _____ DOB (dd-mmm-yyyy): _____ PHN #: _____

Parent/Guardian's names: Mother: _____
Father: _____
Other (please state relationship): _____

Address: _____

Tel: (home) _____ Tel: (work) _____ Tel: (cell) _____

Current Weight _____ Current Height _____ BMI _____ Current Blood Pressure _____

1. Has the family expressed interest in being referred for further assessment and assistance including nutrition and lifestyle counseling?

☐ No ☐ Yes (Please explain): _____

2. Medical/Psychiatric History (please attach any relevant blood work and growth charts if available)

3. Family History

4. Additional Comments - We value any further insight you may have into this patient's weight problem.

Referring Physician/
Nurse Practitioner: _____ Practitioner Number: _____

Specialty: _____

Complete Address: _____ Phone Number: _____

Family Physician: _____ Practitioner Number: _____

Complete Address: _____ Phone Number: _____

Please FAX to: 250-755-7946