To: Evan Huang-Ku, RD, CDE, CBE

T: (647) 450-0843
evan@ kunutrition.com
77 Shuter St.,
Toronto, ON M5B 0B8

Fax to: (647) 480-6301

Today's Date: _____

Client Information

Name: _____ Phone number: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Date of Birth: _____/_____/_____

Medical History

Primary reason for referral: _____

Medical History:

☐ heart disease	☐ diabetes	☐ dyslipidemia	☐ hypertension	☐ renal disease
☐ GI issues	☐ allergies	☐ eating disorder	☐ pregnancy	☐ obesity
☐ other:				

Medication/supplement: _____

Pertinent lab values (or attach to fax):

A1c _____	B/P _____	TG _____	eGFR _____	
BS _____	LDL _____		Crt _____	
	HDL _____			

Other pertinent information: _____

Referred by:	For office us only:
Name: _____	Date received: _____
Telephone: _____	Contact attempts: _____
Fax: _____	_____
	_____