

**GI Plant-Based Diet Referral**

**Dr. S. C. Ganguli**

**Ph: 905-522-1155 EXT.37319 Fax:905-526-0540**

St Josephs Healthcare

50 Charlton E. Hamilton ON L8N4A6

For more information, please go to [Foodasprevention.com/doctor](http://Foodasprevention.com/doctor)  
or Email: [subhasganguli@gmail.com](mailto:subhasganguli@gmail.com) (for any questions)

Patient Name
DOB/OHIP #
Address
Phone
Cell#
<b>email</b>

**Dear Dr Ganguli,**

**Please see this patient for GI consultation focused on nutrition optimization**

**Comment:** \_\_\_\_\_

**\*\*\*(Please note: We cannot currently accept patients with renal failure (Cr > 200 or EGFR < 30), on warfarin or after bariatric surgery.)\*\*\***

**Patient Eligibility:**

Renal failure (CR>200)? YES\_\_ NO\_\_ Patient aware referral for a plant-based diet? YES\_\_ NO\_\_  
 Has patient had Bariatric surgery? YES\_\_ NO\_\_ Patient does Email and Zoom YES\_\_ NO\_\_  
 Is patient on warfarin? YES\_\_ NO\_\_

Does patient have GI conditions requiring investigation YES\_\_ NO\_\_ *If 'Yes' please send a regular GI consult to your usual local gastroenterologist).*

Patients may learn more about this program by going to this website: [Foodasprevention.com/patient](http://Foodasprevention.com/patient)

**Patient Information**

<b><u>YES</u></b>	<b><u>NO</u></b>		<b><u>COMMENT</u></b>
		Coronary artery Disease/ Hyperlipidemia	
		Diabetes (NIDDM)	
		Fatty Liver:	
		Can they exercise? (please circle)	Unrestricted Walking only Other
		Recent labs attached (lipids, HbA1c,FTs, CRP)	

D5 6/1/21

**SIGNED:** \_\_\_\_\_ **NAME:** \_\_\_\_\_ **BILLING #:** \_\_\_\_\_