



**Nutrition Referral Form & Questionnaire**  
**Dr. Moran Tal-Gavriel, DVM, DVSc, Dip. ECVCN**

**Required documents prior to consult**

- Completed questionnaire
- Medical history for the last year and any/all labwork and diagnostics for the past 6 months

Please return all documents by email to Central Toronto Veterinary Referral Clinic: [info@ctvrc.ca](mailto:info@ctvrc.ca), at least 3 days prior to the consult, with the following details in the subject line:

*Attention: Dr. Tal-Gavriel, companion's name and owner's last name*

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**Referring Veterinary Information**

Veterinarian: \_\_\_\_\_ Clinic: \_\_\_\_\_

Please list any other veterinary hospitals where the patient has been evaluated:

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**Client and Patient Information**

Client Full Name: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Body weight (kg): \_\_\_\_\_

*For the scales below, please see the respective hyperlink for assessment and indicate your response below:*

Body Condition Score (see BCS [canine scale](#) / [feline scale](#)): \_\_\_\_\_

Muscle Condition Score (see MCS [canine scale](#) / [feline scale](#)): \_\_\_\_\_

Fecal Score ([scale](#)): \_\_\_\_\_

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**Reason for Referral**

**Please select any/all that apply:**

- Recommend commercial diet plan

- Weight loss plan (commercial diets only)
  - Formulate a home-made diet
  - Balance an existing home made diet (please have client provide the recipe)
  - Elimination diet trial (novel protein/carbohydrate diet - commercial or home-made diet)
  - Diet or supplement assessment
  - Enteral tube feeding plan (E-tube, PEG tube, G-tube)
  - Other (please describe):
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### **Patient Medical History**

Current medical history/conditions (up to last 1 year): \_\_\_\_\_

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Past medical history/conditions: \_\_\_\_\_

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### **Additional Information**

May the client be contacted directly for complementary information?  Yes  No

If a commercial diet is of interest, do you prefer the owners to purchase the diet at the clinic?

Yes  No  Depending on availability of products (please explain below):

If professionally possible (e.g. commercial diet plan for multiple medical conditions, but not in the case of tailored weight loss plan), would you prefer the nutrition consult to be conducted directly with the clinic or with the owner?  Yes  No

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**Thank you for choosing CTVRC, and we look forward to a great collaboration for your patient's nutritional health care.**