

IWK Feeding Clinic

Please note: IWK Feeding Clinic sees only pediatric patients. Referrals are accepted from Physicians and Nurse Practitioners only and may be sent to:

Feeding Clinic
IWK Health
5850/5980 University Avenue, 4th floor Link
PO Box 9700, Halifax, Nova Scotia, B3K 6R8
Telephone 902-470-8406 Fax 902-470-8736

Referring Physician or Nurse Practitioner Information

Name: _____
Address: _____

Telephone #: _____
Date: _____

Patient Information

Name and Pronouns: _____
Date of Birth: _____
Health Card # _____
Parent(s) name and Pronouns: _____
Address: _____

Telephone #: (Primary) _____ (Secondary) _____
If this family requires an interpreter, what is their preferred language? _____

Specific concerns related to feeding:

Past Medical History: _____

Medications: _____

**** Please include patient's recent growth chart** _____