



LET US INTRODUCE OURSELVES

A LITTLE NUTRITION

Positively Nourishing Your Body

LOCATED IN ST. BONIFACE

A Little Nutrition is made up of a team of registered dietitians & therapists that specialize in a variety of nutrition and mental health areas.

*WE DIRECT BILL INSURANCE COMPANIES
MANY INSURANCE PLANS COVER THE FULL COST OF NUTRITION &
THERAPY COUNSELING SESSIONS!*

BOOK AN APPOINTMENT

www.alittlenutrition.com

1-204-515-7466 • admin@alittlenutrition.com

VIRTUAL APPOINTMENTS
AVAILABLE!

OPEN HOURS

Our appointment booking office hours are M-F 9:00 a.m.-5 p.m.

Calls and emails are returned within 24-hrs. Appointment times are below:

Mon-Thurs. – 9:00 a.m. – 8:00 p.m.

Fri. – 9:00 a.m. – 3:00 p.m.

Sat. – 9:00 a.m. – 3:00 p.m.

Now offering virtual and phone appointments

SERVICES

- ✓ IMPROVING HEALTH CONDITIONS
- ✓ WOMEN'S HEALTH
- ✓ EATING DISORDERS (Adolescent & Adults)
- ✓ CHILD & FAMILY NUTRITION
- ✓ VEGAN/ VEGETARIAN NUTRITION
- ✓ DIABETES, CHOLESTEROL, HYPERTENSION, FOOD ALLERGIES

A LITTLE NUTRITION

DIETITIAN/NUTRITION + MENTAL HEALTH SERVICES

#103- 605 DES MEURONS STREET, WINNIPEG MB R2H 2R1

OFFICE (204) 515-7466

FAX: (204) 515-7479

Email: admin@alittlenutrition.com

Dear Medical + Health Care Team:

We are pleased to announce the GRAND OPENING of our St. Boniface clinic!

A Little Nutrition is Winnipeg's newest collaborative out-patient treatment facility for eating disorders, as well as nutrition counselling for health behaviour change and managing the emotional underpinnings to chronic illness.

Our treatment team consists of 9 Registered clinical dietitians and 4 counselling therapists. As a dietitian owned and operated company, we take special care to ensure that we match your patient to the appropriate dietitian on our team.

Nutrition Counselling Areas Of Practice Include:

- Adolescent & adult eating disorders
- Adult weight concerns/ weight management
- Diabetes, cholesterol, hypertension, PCOS
- Digestive health (IBS, IBD, FODMAP, Celiac)
- Food allergies & intolerances
- Life cycle nutrition (fertility, pre/postnatal, infant feeding, menopause, osteoporosis)
- Men's health and nutrition
- Vegetarian/ vegan nutrition
- Infant/ toddler/ preschooler nutrition + infant feeding/failure to thrive
- Picky eater or restrictive eating



We also work closely with patients to work on lifestyle based nutrition care, such as meal planning, grocery store tours , and improving relationships with food.

MENTAL HEALTH + NUTRITION: We believe that there are many emotional underpinnings to achieving good nutrition, and many of them require the support of a skilled therapist. We have a growing mental health team that consists of a registered social worker and trauma psychotherapist that are accepting new patients. Our team helps adults and teens with stress management, anxiety, depression, eating disorders, trauma, relationship issues, grief, self-harm, body image, and life transitions.

Direct Billing Is Available: We direct bill to all insurance companies that accept assignment of benefits (Blue Cross, Canada Life, Chamber of Commerce, and more). Fees: \$130/ 1-hr session services are tax deductible.

I would be happy to set up a meeting with you to discuss our services, and how they can help your patients. Please contact me at 204-515-7466 or susan@alittlenutrition.com to set up a meeting.

Susan Watson, Registered Dietitian
Owner, A Little Nutrition



Hello! Meet the team.

Susan Watson, RD

Adult and Adolescent Eating Disorders
Certified Craving Change™ Facilitator
Certified Intuitive Eating counsellor
Monash University FODMAP trained



Madelaine Morrish, RD

Gastrointestinal disorders
Food allergies / intolerances
Chronic health conditions
Certified Intuitive Eating counsellor
Monash University FODMAP trained



Jess Gutkin, RD

Family nutrition
Chronic health conditions
Binge Eating & disordered eating
Relationship with food



Lauren Rossong, RD

Diabetes
Binge Eating
Intuitive Eating
Relationship with food



Rhea Lewandoski, RD

Adult Eating Disorders
Chronic health conditions
Binge Eating & disordered eating
Relationship with food



Melodie Ho, RD

Infertility
Family nutrition
Chronic health conditions



Zan Montalbo, RD

Men's health nutrition
Binge Eating
Nutrition for sport
Digestive health



Adrienne Penner, RD

Family nutrition
Chronic health conditions



Nita Sharda, RD

PCOS
Pediatric nutrition
Infant feeding issues
Family nutrition
Chronic health conditions



Mental health team



Kim Cuthill MSW, RSW
Registered Social Worker



Kristy Rebenchuk, MSW, RSW
Registered Social Worker



Larissa Barr, MSW, RSW
Registered Social Worker



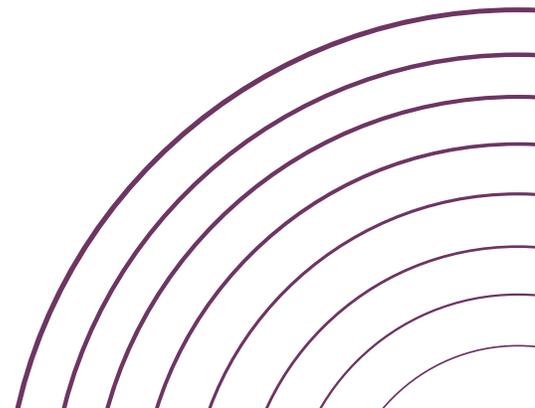
Jackie Persona, MA, CCC
Psychotherapist

We Provide Services For:

- ADHD (Adult)
- Addiction
- Adoption
- Alcohol Use
- Antisocial Personality
- Anxiety
- Bipolar Disorder
- Borderline Personality
- Child
- Chronic Illness
- Chronic Pain
- Coping Skills
- Depression
- Disordered eating, health behaviour change
- Divorce
- Drug Abuse
- Emotional Disturbance
- Family Conflict
- Grief
- Infertility
- Life Coaching
- Life Transitions
- Managing a health condition
- Men's Issues
- Obsessive-Compulsive (OCD)
- Parenting
- Peer Relationships
- Pregnancy, Prenatal, Postpartum
- Relationship Issues
- Self Esteem
- Self-Harming
- Sexual Abuse
- Sleep or Insomnia
- Stress
- Weight concerns
- Women's Issues

Treatment Approach & Types of Therapy

- Acceptance and Commitment (ACT)
- Attachment-based
- Coaching
- Cognitive Behavioural (CBT)
- CBT-E
- Compassion Focused
- Culturally Sensitive
- Dialectical (DBT)
- EMDR
- Family based treatment
- Mindfulness-Based (MBCT)
- Motivational Interviewing
- Person-Centered
- Somatic





DOWNLOAD MORE FORMS AT:
www.alittlenutrition.com/physician-referrals

DIETITIAN REFERRAL FORM

FEE FOR SERVICE: DIRECT BILLING TO MEDICAL INSURANCE PLANS AVAILABLE

NAME: _____
 D.O.B: _____ SEX: _____
 ADDRESS: _____
 PHONE: _____
 EMAIL: _____

REASON FOR REFERRAL

<input type="checkbox"/> Type 2 Diabetes <input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Gestational Diabetes <input type="checkbox"/> Prediabetes (IGT/IFG) <input type="checkbox"/> Hypoglycemia <input type="checkbox"/> PCOS <input type="checkbox"/> Endometriosis <input type="checkbox"/> Overweight/ Obesity / Weight Concerns <input type="checkbox"/> Metabolic Syndrome <input type="checkbox"/> CHF <input type="checkbox"/> CVA <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> Hypertension <input type="checkbox"/> Arthritis <input type="checkbox"/> Osteoarthritis <input type="checkbox"/> Chronic inflammation <input type="checkbox"/> Non- Alcoholic Fatty Liver Disease <input type="checkbox"/> Hyperthyroidism <input type="checkbox"/> Hypothyroidism	<input type="checkbox"/> Irritable Bowel Syndrome <input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhea <input type="checkbox"/> Gas/ Bloating <input type="checkbox"/> Food allergies /intolerance <input type="checkbox"/> Ulcerative Colitis <input type="checkbox"/> Crohn's Disease <input type="checkbox"/> Celiac Disease <input type="checkbox"/> Diverticular Disease <input type="checkbox"/> Pancreatitis <input type="checkbox"/> Gallbladder disease <input type="checkbox"/> Gout <input type="checkbox"/> Kidney Stones <input type="checkbox"/> Acne <input type="checkbox"/> Psoriasis	<input type="checkbox"/> Pregnancy + Pre/Postnatal <input type="checkbox"/> Pre + post menopause <input type="checkbox"/> Improving Metabolism <input type="checkbox"/> Infertility Difficulty Conceiving <input type="checkbox"/> Unintentional Weight Loss <input type="checkbox"/> Poor Oral Intake <input type="checkbox"/> Not Meeting Feeding Milestones <input type="checkbox"/> Nutrient Loss R/T Food Restriction <input type="checkbox"/> Underweight <input type="checkbox"/> Energy Needs Below Required DRI <input type="checkbox"/> Altered Macro Nutrient Requirements <input type="checkbox"/> Protein Requirements Below DRI <input type="checkbox"/> Clinical Nutrition Deficiencies	<input type="checkbox"/> Feeding + Eating Disorders <input type="checkbox"/> Anorexia Nervosa <input type="checkbox"/> Bulimia Nervosa <input type="checkbox"/> Binge Eating (BED) <input type="checkbox"/> Rumination syndrome <input type="checkbox"/> Avoidant/Restrictive Food Intake Disorder (ARFID) <input type="checkbox"/> OSFED <input type="checkbox"/> UFED <input type="checkbox"/> Low Appetite/ Eating Disturbances <input type="checkbox"/> Mindful/ Intuitive Eating <input type="checkbox"/> Relationship with Food <input type="checkbox"/> Stress Eating <input type="checkbox"/> Food Cravings <input type="checkbox"/> Vegetarian/ Vegan eating
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Other (pls specify): _____

Height: _____ Weight: _____ BMI: _____

Current Medications: _____

Please include any Medications /
Lab / Test Documents (If applicable)

Name of Parent/Guardian (if applicable): _____

Referred by: MD NP Other Health Care Provider (specify): _____

Name: _____
 Clinic: _____
 Address: _____
 Phone: _____
 Fax: _____

SIGNATURE

DATE

Fax or Email Referrals To:



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Positively Nourish Your Body

DOWNLOAD MORE FORMS AT:
www.alittlenutrition.com/physician-referrals

COUNSELLING REFERRAL FORM

NAME: _____

D.O.B: _____ SEX: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

FEE FOR SERVICE: DIRECT BILLING TO MEDICAL INSURANCE PLANS AVAILABLE

REASON FOR REFERRAL

<input type="checkbox"/> Eating Disorder/ Disordered Eating <input type="checkbox"/> Depression <input type="checkbox"/> Stress <input type="checkbox"/> Anxiety <input type="checkbox"/> Coping with Illnesses <input type="checkbox"/> Trauma <input type="checkbox"/> Sexual abuse	<input type="checkbox"/> Grief and Loss <input type="checkbox"/> Life and Career Transitions <input type="checkbox"/> Workplace Challenges and Issues <input type="checkbox"/> Marriage and Family Issues <input type="checkbox"/> Interpersonal/Relationship Issues <input type="checkbox"/> Suicidal thoughts <input type="checkbox"/> Self injurious behaviours <input type="checkbox"/> Substance use <input type="checkbox"/> Bullying <input type="checkbox"/> School difficulties	<input type="checkbox"/> OTHER:
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Current Medications:

Please include any Medications /
Lab / Test Documents (If applicable)

Name of Parent/Guardian (if applicable): _____

Referred by: MD NP Other Health Care Provider (specify): _____

Name: _____

Clinic: _____

Address: _____

Phone: _____

Fax: _____

SIGNATURE _____

DATE _____

Fax or Email Referrals To:

Our new location!

ST. BONIFACE CLINIC

#103 - 605 Des Meurons Street, Winnipeg MB R2H 2R1



Receptionist & booking hours are M-F 9:00 a.m.-4:30 p.m.

Phone calls and emails are returned within 24-hrs.

Counselling Appointment Times :

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Friday – 9:00 a.m. – 3:00 p.m.

Saturday – 9:00 a.m. – 3:00 p.m.

**OFFERING
INPERSON, VIRTUAL
+
PHONE APPOINTMENTS**

