

Patient Referral Form - NUTRITION COUNSELLING

Please provide us with the following medical information concerning the referred patient.

Patient's Name*: _____ Sex: M F DOB*: _____

Patient's Primary Phone: _____ Alternate Phone: _____

Referring Physician*: _____ Fax: _____ Phone: _____

Physician's Address: _____

Reason for Referral*: _____

Medical Diagnosis and History: _____

Current Weight*: _____

Current Height*: _____

Patient allowed to exercise*? Yes, independent (unrestricted) Yes, independent - limited mobility
 Only under the supervision of a certified fitness professional Only under clinical supervision

Current Medications

All Medications and Supplements*	Dose	Frequency

Medical Nutrition Therapy for Conditions	Pertinent Labs / medical history	Date
<input type="checkbox"/> Diabetes / Insulin Resistance / Glucose Intolerance <input type="checkbox"/> Metabolic Syndrome <input type="checkbox"/> Cardiovascular / Dyslipidemia / Hypercholesterolemia <input type="checkbox"/> Obesity / Weight Management <input type="checkbox"/> Osteoarthritis / Osteoporosis / Gout <input type="checkbox"/> Hypertension / Blood Pressure <input type="checkbox"/> Digestive issues: Diverticular conditions / IBS / GERD <input type="checkbox"/> Other: _____ <input type="checkbox"/> Pregnancy; due date: ___ / ___ / _____(DD/MM/YYYY) <input type="checkbox"/> Polycystic Ovarian Syndrome / Infertility <input type="checkbox"/> Child Growth and Development <input type="checkbox"/> Picky, Finicky Eating Child (18 months - 12 years old) <input type="checkbox"/> Feeding Issues / Autism Spectrum disorder	BP: _____ Alb: _____ FBG: _____ CRP: _____ BG, 2hrPC: _____ Ca ⁺⁺ : _____ HbA1C: _____ 25(OH)D: _____ Chol: _____ Ferritin: _____ LDL: _____ Folate: _____ HDL: _____ B12: _____ TG: _____ BMI: _____ Other: _____	

Please attach any pertaining documents: eg. Lab reports, diagnostic tests, medical history

Comments / Requests: _____

Fax Referral to: 289-851-7643, or email: dietitian@modestnutrition.com

Date: _____

Physician Signature: _____

Shaistha M. Zaheeruddin, MS, RD

Registered Dietitian

Tel: 289-851-7642 ☎ Fax: 289-851-7643

dietitian@modestnutrition.com ☎ modestnutrition.com