□Parent/Guardian notified of referral _____Initial/Date

MEDICAL NUTRITION THERAPY REFERRAL

Durham County Department of Public Health

Fax or mail to Durham County Department of Public Health - Nutrition Services

414 East Main Street, Durham, NC 27701 ◆ Phone (919) 560-7791 Fax (919) 560-7786

Patient_____DOB_____/_____/_____

Name of parent/guardian _____ Phone _____

Gender: M F Language: ☐ English ☐ Spanish ☐ Other_____

Address_____

Reimbursement Source: (*check all that apply*) ☐ Medicaid ☐ Medicare Part B ☐ Private Insurance ☐ Uninsured.

Policy No:_____

Patient may be responsible for charges not covered by insurance. Fees are based on a sliding scale.

1. Reason for referral_____

_____

Primary care physician: _____ Phone No._____Fax No._____

Name of person completing referral (please print)_____

Referring agency _____Phone No._____

Obtain consent for physician's nutrition orders:

I give my consent for DCoDPH to obtain doctor's orders for nutrition services from my physician. *{Doy mi consentimiento para que el Depto. de Salud Público consigue ordenes para los servicios de nutrición del médico de mi hijo/a.}*

_____

Signature/Firma *DateFecha*

Physician To Complete

2. Completed by primary care physician/provider. ***Information marked with an asterisk (*) must be completed.***

*****Reason for Referral_____

*Diagnoses_____

*ICD-9 code(s)_____***Indicate ICD code to highest level of specificity.***

*****Nutrition Order: ❑ dietitian to evaluate & formulate ❑ other, *specify*_____

_____

Expected nutrition outcome_____

Medications_____

Relevant labs/other data_____ (date/s) _____

Height/length _____ Weight_____ (date)_____

BMI-for-age percentile _____ Birth weight _____ Gestational age: _____

Please include copies of growth carts when applicable.

Exercise restrictions ____no ____yes, *specify*_____

*****Patient's Physician (*signature***)**_____Referral Date_____

Physician name (*please print*)_____UPIN #_____

Address_____Phone_____Fax_____

For Nutrition Office Use Only

1. □**Letter** Sent _____ 2. □**1st TC** Made _____
3. **PC** Sent_____ 4. **2ND TC** Made _____
5._____ 6. _____

Appointment(s).

1. Appointment Date_____ □**DNKA**----□*Reschedule* □*Re-evaluate* □_____
2. Appointment Date_____ □**DNKA**----□*Reschedule* □*Re-evaluate* □_____

NOTES: