

### 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 \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone No. \_\_\_\_\_

Gender: M F Language:  English  Spanish  Other \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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) \_\_\_\_\_

**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 \_\_\_\_\_

Date / Fecha \_\_\_\_\_

**2. Completed by primary care physician/provider.**

\*Reason for Referral \_\_\_\_\_

\*Diagnoses \_\_\_\_\_

\*ICD-9 code(s) \_\_\_\_\_

\*Nutrition Order:  dietitian to evaluate & formulate  other, specify \_\_\_\_\_

Medications \_\_\_\_\_

Relevant labs/other data \_\_\_\_\_ (date/s)

Height \_\_\_\_\_ Weight \_\_\_\_\_ (date) \_\_\_\_\_

Exercise restrictions \_\_\_no\_\_\_ yes, specify \_\_\_\_\_

\*Patient's Physician (signature) \_\_\_\_\_ Referral Date \_\_\_\_\_

Physician name (please print) \_\_\_\_\_ UPIN # \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Physician To Complete

**For Nutrition Office Use Only**

- 1.  Letter Sent \_\_\_\_\_
- 2.  1<sup>st</sup> TC Made \_\_\_\_\_
- 3.  PC Sent \_\_\_\_\_
- 4.  2<sup>ND</sup> TC Made \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

**Appointment(s).**

- 1. Appointment Date \_\_\_\_\_  DNKA----  Reschedule  Re-evaluate  \_\_\_\_\_
- 2. Appointment Date \_\_\_\_\_  DNKA----  Reschedule  Re-evaluate  \_\_\_\_\_

**NOTES:**