

## Orange County Health Department Nutrition Referral Process

Thank you for making a nutrition referral to the Orange County Health Department (OCHD) Registered Dietitians. Your clients are important to us, and we want to ensure that they receive the appropriate care in a timely manner. Please review the following guidelines to make this process both efficient and effective.

- The medical provider should complete a referral provided by the OCHD Registered Dietitian (RD). The referral *must* include the medical diagnoses, diagnoses codes, and the provider's signature. Please indicate on the referral if the client needs an interpreter.
- Mail or fax the referral to the OCHD; Fax numbers are provided on the referral form. The OCHD is HIPAA compliant and referrals are received on a secure fax machine.
- Please have your office or the client call to schedule an appointment (Hillsborough: 245-2400, Chapel Hill: 968-2022 ext. 0). When making the appointment, please indicate if an interpreter is needed. Limited English Proficiency clients may call the OCHD language line directly if preferred: 644-3350.
- The RD will fax a report of the medical nutrition therapy appointment and care plan to the referring medical provider to complete the referral process. A phone call will be made to inform the referring office that a fax is being sent.
- If the RD is unable to reach the client, with 3 attempts or the client declines services, the RD will fax this information to the medical provider to complete the referral process. The provider may refer the client again as needed.
- If the client misses a scheduled appointment, the RD will attempt to re-schedule. The RD will notify the referring agency when a client misses two consecutive appointments and request that they re-refer.

If you have questions or concerns regarding this process, please feel free to contact Renée Kemske, MPH, RD, LDN, 968-2022 ext. 309. Thank you once again for your referral.

Renée Kemske, MPH, RD, LDN  
Southern Human Services Center  
(919) 968-2022 ext. 309  
Whitted Human Services Center  
(919) 245-2380



## Nutrition Referral Orange County Health Department

Fax to:  
Orange County Health Department  
Attn: Registered Dietitian: Renée Kemske, MPH, RD, LDN

Chapel Hill Office: 919-968-2022 ext.309    fax: 919-968-2013  
Hillsborough Office: 919-245-2380        fax: 919-644-3312

### *PATIENT INFORMATION*

Date: _____	
Patient Name: _____	DOB: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Patient Address: _____	
Phone _____	Medical Provider _____
Insurance _____	Medicaid # _____
Interpreter Needed: <input type="checkbox"/> yes <input type="checkbox"/> no	Parent/Guardian _____
Referring Office: _____	Contact Person: _____
Office Phone: _____	Office Fax: _____

### *MNT REFERRAL INFORMATION*

<p>Ht: _____ Wt: _____</p> <p><b>Reason for Nutrition Referral (Mark all that apply)</b></p> <p><input type="checkbox"/> Overweight (wt _____ ht _____ BMI _____)</p> <p><input type="checkbox"/> Underweight (wt _____ ht _____ BMI _____)</p> <p><input type="checkbox"/> Anemia (Hgb/Hct _____)</p> <p><input type="checkbox"/> HTN (BP _____)</p> <p><input type="checkbox"/> High Cholesterol (TC _____ LDL _____ HDL _____ TG _____)</p> <p><input type="checkbox"/> Diabetes (BS _____ HgA1C _____)</p> <p><input type="checkbox"/> Feeding Concerns (Infant/child)</p> <p><input type="checkbox"/> Failure To Thrive</p> <p><input type="checkbox"/> Allergies/Intolerances</p> <p><input type="checkbox"/> Diet Concerns/questions</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p><b>Medical Diagnosis</b></p> <p>_____</p> <p><b>ICD9 code(s):</b> _____</p> <p><b>MD Signature</b> _____ <b>NPI#</b> _____</p> <p><b>Relevant Labs/Other Data:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Medications:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
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<p><b>Special Instructions/Comments:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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