

# 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: ___yes ___no	
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 _____)</p> <p><input type="checkbox"/> Underweight (wt _____ ht _____)</p> <p><input type="checkbox"/> Anemia (Hgb/Hct _____)</p> <p><input type="checkbox"/> HBP (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>UPIN#</b> _____</p> <p><b>Relevant Labs/Other Data:</b></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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