A LITTLE NUTRITION

Positively Nourish Your Body

DIETITIAN REFERRAL FORM

FEE FOR SERVICE
DIRECT BILLING TO MEDICAL INSURANCE PLANS AVAILABLE

Name:_______________________________

D.O.B:_______________**Gender**__________

Address:_____________________________

Phone:_____________**Cell:**_____________

E-Mail: ______________________________

REASON FOR REFERRAL

___ Acne
___ ADHD - Nutrition inadequacy related to selective eating/ sensory symptoms
___ Amenorrhea
___ Anorexia Nervosa
___ Arthritis
___ Asthma
___ Avoidant/Restrictive Food Intake Disorder (ARFID)
___ Binge Eating Disorder (BED)
___ Bulimia Nervosa
___ Candida Yeast Infections (reoccurring)
___ Celiac Disease
___ CHF (Congestive heart failure)
___ Chronic fatigue syndrome
___ Chronic obstructive pulmonary disease
___ Clinical nutrition deficiencies
___ Constipation
___ Crohn's Disease
___ Diarrhea
___ Diverticular Disease
___ Dyslipidemia
___ Disordered eating / Eating disorder
___ Endometriosis
___ Eczema
___ Feeding disorder (Pediatric)- Nutrition inadequacy / insufficient intake of calories for growth and development.
___ Fibromyalgia
___ Food allergies /intolerance
___ FTT (Failure to thrive)
___ Gallbladder disease
___ Gastroesophageal reflux disease
___ Gastroenteritis
___ Gastrointestinal pain - gas/ bloating
___ Gastrointestinal pain - visceral hypersensitivity
___ Gestational Diabetes
___ Gout
___ Hemorrhoids (piles)
___ Hypertension

___Hypertension
___Hyperthyroidism
___Hyperemesis gravidarum
___Hypoglycemia
___Hypothyroidism
___Indigestion/ dyspepsia
___Infertility
___Inflammation
___Insomnia
___Insulin resistance
___Iron deficiency anemia
___Irregular menstruation
___Irritable Bowel Syndrome (IBS)
___Kidney Stones
___Lactose intolerance
___Malnutrition - chronic food refusal, only eating a narrow variety and select foods by type, texture
___Malnutrition - Intake energy needs is below required (DRI)
___Malnutrition - poor oral/ food intake, not meeting nutritional requirements (insufficient intake of calories for growth and development.
___Malnutrition - low variety of macronutrients. Not meeting nutritional requirements for growth and development.
___Malnutrition - undernutrition
___Menopause (severe hormonal symptoms exceeding ordinary variations)
___Metabolic Syndrome
___Migraine
___Morning sickness / prolonged nausea and vomiting
___Multiple sclerosis (MS)
___Non- Alcoholic Fatty Liver Disease
___Nutrient loss related to food restriction
___Obesity
___OSFED - Atypical Anorexia Nervosa
___OSFED - Binge Eating Disorder (of low frequency and/or limited duration)
___OSFED - Bulimia Nervosa (of low frequency and/or limited duration)

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___OSFED - experiencing significant distress due to symptoms that are similar to eating disorders, but do not meet the full criteria for a diagnosis.
___ OSFED - Purging Disorder
___ OSFED -Night Eating Syndrome
___ Osteoarthritis
___ Osteopenia
___ Osteoporosis
___ Pancreatitis
___ Parkinson's disease
___ Pre-diabetes
___ Pica
___ Polycystic ovary syndrome (PCOS)
___ Protein deficiency/ intake consumption < DRI
___ Psoriasis
___ Reflux/regurgitation
___ Rheumatoid arthritis
___ Rumination syndrome
___ Sensory processing disorder (texture, smell, taste). Not meeting nutritional requirements (insufficient intake of calories and macro/micro nutrients) for growth and development.
___ Suboptimal weight gain/ failure to meet expected growth for age as evidence on the growth curve.
___ Type 1 Diabetes
___ Type 2 Diabetes
___ Ulcerative Colitis
___ Underweight - BMI < 18.5
___ Unspecified feeding or eating disorder (UFED)

Other reason (pls specify):____

Referred by: ☐ MD ☐ NP *Please include any Medications / Lab / Test Documents (If applicable)

Name:
Clinic:
Address:
Phone:
Fax:

____
SIGNATURE

____
DATE

Fax or Email Referrals To:

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