Person completing this form name and phone number _____ _____

Salem Health

Outpatient Nutrition Education Referral Form

Salem Health® Hospitals & Clinics

APPOINTMENT AT: ☐ **SALEM HOSPITAL** ☐ **WEST VALLEY HOSPITAL** ☐ ROUTINE ☐ ASAP ☐ URGENT

PATIENT INFORMATION

Last Name: _____ First Name: _____ MI: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Language: _____ Interpreter needed? ☐ Yes ☐ No

REFERRING PROVIDER INFORMATION

Referring Provider: _____ Date of Referral: _____

Phone Number: _____ Fax Number: _____

Primary Care Physician: _____

INSURANCE INFORMATION

Insurance Company: _____ Policy Number: _____ Group Number: _____

Subscriber Name: _____ Subscriber's Date of Birth: _____

Subscriber's relationship to patient: _____

Send copy of front & back of insurance card, if available.

DIAGNOSIS/REASON FOR MEDICAL NUTRITION THERAPY: CHECK ALL THAT APPLY

PLEASE NOTE: This form is for Medical Nutrition Therapy (MNT) only. For accredited diabetes education, including nutrition counseling for diabetes, classes, and for the gestational diabetes program, use the Salem Health Diabetes Education Referral form.

☐	Diagnosis Code:		Narrative:	
☐	Diagnosis Code:		Narrative:	
☐	Diagnosis Code:		Narrative:	
☐	Diagnosis Code:		Narrative:	

☐ Anorexia Nervosa	☐ Eating Disorder _____	☐ Hyperlipidemia	☐ Malnutrition
☐ Bulimia Nervosa	☐ Feeding Problems	☐ Hypertension	☐ Metabolic Syndrome
☐ CAD	☐ Feeding Tube	☐ Hypertriglyceridemia	☐ Obesity
☐ Cancer _____	☐ Failure to Thrive	☐ IBS	☐ PCOS
☐ Celiac Disease/Gluten Intolerance	☐ Gastroparesis	☐ Low Weight/Underweight	☐ Renal Disease/Insufficiency
☐ Crohn's Disease	☐ Hypercholesterolemia	☐ Malabsorption	

■ **SUPPORTING DOCUMENTATION SUCH AS RECENT LABS, CHART NOTES, AND MEDICATION LIST MUST ACCOMPANY REFERRAL.**

COMMENTS OR SPECIAL INSTRUCTIONS: _____

_____

Physician/Provider Signature: _____ Date: _____

Physician/Provider *(Printed)*: _____

Thank you for your referral! After receiving this form we will contact the patient to set up the appointment. Your office will be notified if we are unable to make contact with the patient, the patient declines to schedule, or if our services are not covered by their insurance.