

Nutrition Referral | FAX COMPLETED FORM TO: 1 (919) 869-1797

<u>Important</u>: In addition to completing this form, please ask the patient to set up a clarity call via the scheduling form on our website at <u>www.wellbalancednutrition.com/contact-us</u>

Referral From: (Please list provider name, practice, email, and fax number)

Patient's Name:	DOB:
Patient Contact Info: Phone:	Email:
Gender: M F	
Reason for MNT Referral ***Please attach Labs, Medication List, and any	other pertinent information.***
☐ Dietary assessment, monitoring, and sur	veillance
☐ Has a poor relationship with food	
☐ History of yo-yo dieting or weight cycling	
Overweight/Obesity (ht: wt	:)
☐ Underweight (ht: wt:)
☐ High Cholesterol (TCLDL	HDLTG)
☐ Prediabetes/Diabetes (A1c)	Do you have any specific preferences or recommendations for their care?
☐ Allergies/intolerances	
☐ Gut Health/ IBS or IBD	
☐ Sports or Recovery Nutrition	
Other (specify):	



Well Balanced Nutrition Referral Process

Your patients are important to us, and we want to ensure that they receive the appropriate care in a timely manner.

To refer	your patient to Well Balanced Nutrition:
	Complete a referral form.
	Fax the referral form to Well Balanced Nutrition at (919) 869-1797. Well Balanced Nutrition is HIPAA compliant, and referrals are received via a secure e-fax.
	Have your office manager or patient schedule a 15-minute consult/clarity call here: wellbalancednutrition.com/contact-us

Well Balanced Nutrition will:

- send a follow-up report within 30 days of the referral to inform him/her of the status of the referral.
- Fax a report of the appointment to the referring clinician
- Notify you by fax if we are unable to reach the patient with 3 or more attempts by phone, email, or text or if the patient declines services. The clinician may refer the patient again as needed.
- Notify you by fax when a patient misses two consecutive appointments.

If you have questions or concerns regarding this process, please contact hello@wellbalancednutrition.com