



518 SW 3rd St Suite C
Corvallis, OR 97333

Phone: 541-286-5209
Fax: 541-286-7154

Nutrition Referral Form

Theresa Hedrick, MS, RD, LD

Your patient or their guardian is requesting Medical Nutrition Therapy services with Theresa Hedrick, MS, RD, LD (Hedrick Food & Nutrition Consulting, LLC). A referral from you is required.

Please fax the completed form to **541-286-7154**.

From:

Referring Physician Name/Phone/Fax (or stamp)

Patient's Name: _____ DOB: _____ Gender: _____

Parent/Guardian Name: _____ Phone Number: _____

Reason for MNT Referral

- Overweight (wt____ht____BMI____)
- Underweight (wt____ht____BMI____)
- Anemia (Hgb/Hct____)
- HTN (BP____)
- High Cholesterol
(TC____LDL____HDL____TG____)
- Diabetes, type 2 (BG____A1c____)
- Feeding concerns (infant/child)
- Failure to thrive (child)
- Allergies/intolerances
- Nutrient deficiency (iron____, calcium____)
- Gastrointestinal (vomiting____, constipation____, diarrhea____)
- Diet concerns/questions
- Other (specify): _____

REQUIRED

Medical Diagnosis: _____

ICD 10 code(s): _____

Physician Signature: _____

Physician NPI #: _____

The information requested above is Protected Health Information (PHI), and is the minimum necessary to execute delivery of patient services. Please understand as a link in the "Chain of Trust", all PHI will remain confidential as mandated by the Treatment, Payments, and Healthcare Operation Laws mandated by HIPAA.