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| --- | --- |
| Idaho Nutrition & Wellness Clinic  Address: 894 E Boise Ave Boise, ID 83706  (phone) 208-789-9664 (fax) 208-567-8923  <http://idahowellnessclinic.com> | Kelsey Bernier, MS RD LD  Registered Dietitian  NPI: 1790080893 |

**Referral Form for Medical Nutrition Therapy**

|  |  |  |  |
| --- | --- | --- | --- |
| Referral Date |  | Office Contact Person |  |
| Provider |  | Office Phone |  |
|  |  | Office Fax |  |

**Patient Information**

|  |  |
| --- | --- |
| Patient Name (Last, First, MI) |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Birth |  | Male | Female | Contact Phone # |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Insurance Plan |  | ID # |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ICD-10 Dx Code Description |  | ICD-10 Dx Code Description |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Food Allergies |  | Current Medications |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Dietary Restrictions |  | Activity Restrictions |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Guardian |  | Parent/Guardian Phone #: |  |

Please give details of the referral as well as any other information you want us to be aware of:

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|  |

**\*\*\*\*\*\*Please provide pertinent lab results, vitals, and/or growth charts\*\*\*\*\*\***

|  |  |  |  |
| --- | --- | --- | --- |
| Provider Signature |  | Date |  |
| Printed Name |  | NPI |  |

**Fax to (208) 567-8923**

Referral form may be downloaded at IdahoWellnessClinic.com