



**Whole Cruzine Nutrition**  
7000 N Mopac Expy, Suite 200  
Austin, TX 78731  
Phone: (512) 865-9555  
Fax: (833) 213-6747

## **DIETITIAN REFERRAL FORM**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Referral Practice Information**

Practice Name: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Person Submitting Request: \_\_\_\_\_

### **Patient Information**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### **Insurance Provider (Please Circle):**

Aetna      Blue Cross Blue Shield      Humana      United Healthcare      Other      None

#### **Primary Patient Diagnoses for Which Nutrition Consultation is Requested (Please Mark):**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Bariatrics           | <input type="checkbox"/> General Weight Loss | <input type="checkbox"/> Metabolic Syndrome |
| <input type="checkbox"/> Diabetes (Type I)    | <input type="checkbox"/> Hashimoto's         | <input type="checkbox"/> Obesity            |
| <input type="checkbox"/> Diabetes (Type II)   | <input type="checkbox"/> Heart Disease       | <input type="checkbox"/> Overweight         |
| <input type="checkbox"/> Diverticulitis       | <input type="checkbox"/> Hypertension        | <input type="checkbox"/> PCOS               |
| <input type="checkbox"/> Fatty Liver          | <input type="checkbox"/> Hypothyroidism      | <input type="checkbox"/> Pre-Diabetes       |
| <input type="checkbox"/> Gall Bladder Removal | <input type="checkbox"/> IBS                 | <input type="checkbox"/> Reflux             |
| <input type="checkbox"/> Gall Stones          | <input type="checkbox"/> Kidney Stones       | <input type="checkbox"/> Other _____        |

Notes/Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please attached most recent lab work and visit note with referral.