Synergy Health and Wellness, LLC ®
361 NE Franklin Ave. Bldg C
Bend, OR 97701
541.323.3488
Fax: 541.323.3483

Nutrition Counseling Referral

Please fill out this form, providing as much information as possible, and fax to our office at 541-323-3483.

Patient Name: _____ Date of Birth: _____

Patient Phone Number: _____ Name of PCP: _____

Insurance Company: _____ Policy Number: _____

Reason for Referral and Diagnosis Code: _____

Pertinent Information:

Ht: _____ Wt: _____ Labs: _____

Special Learning Needs: _____

Concerns patient would like addressed (select all that apply):

- ❑ Nutrition Basics
- ❑ Cooking Instruction
- ❑ Relationship with Food
- ❑ Eating well on a budget
- ❑ Grocery Store Tour
- ❑ Specific Health Condition
- ❑ Other, please specify: _____

Referring Provider Signature: _____

Referring Provider Name (print): _____ Date: _____

Provider Phone: _____ Fax: _____