



Synergy Health and Wellness, LLC ®
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Bend, OR 97701
541.323.3488
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Referral Nutrition Counseling and Diabetes Education

Location: BEND REDMOND

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

Patient Name: _____ Date of Birth: _____

Patient Phone Number: _____ Name of PCP: _____

Insurance Company: _____ Policy Number: _____

Reason for Referral and Diagnosis Code (s): _____

Pertinent Information:

Height: _____ Weight: _____ Labs: _____

Special Learning Needs (circle any that apply):

Learning or memory struggles Pain prevents sitting for long periods of time

Vision impairment Anxiety in group settings

Hard of hearing/hearing aids Language limitations

Additional education required for insulin use

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

Nutrition Basics Cooking Instruction

Relationship with Food Stretching Food Budget

Grocery Store Tour Specific Health Condition

DIABETES EDUCATION (Comprehensive: includes individual visits AND group education)

Other, please specify: _____

Referring Provider Signature: _____

Referring Provider Name (print): _____ Date: _____

Provider Phone: _____ Fax: _____