



HEALTHier U

Dietician/Nutritionist Referral

Referring Physician: _____ Phone: _____ Fax: _____

Office Address: _____ HRA Date Completed: _____

Culinary ID# _____

Patient First Name: _____ Last Name: _____

Patient Date of Birth: _____ Sex: ☐ M ☐ F Language: _____

Patient Address: _____

Patient phone #: _____ Weight: _____ BMI: _____

Waist Circum: _____ BP: _____ HDL: _____ TC/HDL Ratio: _____

Glucose (if applicable -results within past 6 months acceptable): _____

Cholesterol: _____

Diagnosis for Medical Nutrition Therapy Services

- | | |
|--|---|
| <input type="checkbox"/> 278.00- Obesity NOS (BMI 30-39.9) | <input type="checkbox"/> BMI <30 but at risk for Chronic Disease
List disease: _____ |
| <input type="checkbox"/> 278.01- Obesity Severe (BMI>40) | <input type="checkbox"/> Other: _____ |

Chosen Provider:

☐ **Anders & Dunaway
Nutrition Consultants**
2121 E. Flamingo Road #114
Las Vegas, NV 89119
Phone: (702) 382-8841
Fax: (702) 369-2370
(English & Spanish)

☐ **Your Dietician for Diabetes
& Weight Control**
7281 W. Sahara, Suite 108,
Room 120
Las Vegas, NV 89117
Phone: (702) 525-1105
Fax: (702) 666-8555
(English only)

☐ **Nutrition Moves!**
7721 Leavorite Drive
Las Vegas, NV 89128
Phone: (702) 242-5730
Fax: (702) 242-1417
(English only)

☐ **Diabetes Management
Consultants**
9680 W. Tropicana Avenue
#110
Las Vegas, NV 89147
Phone: (702) 858-5675
Fax: (702) 847-5885
(English & Spanish)

☐ **Nutrition by Joey**
(Choose location)
8275 S. Eastern Avenue #118
Las Vegas, NV 89123
6140 S. Fort Apache Road #100
Las Vegas, NV 89148
Phone: (702) 878-5639
Fax: (480) 247-4491
(English & Spanish)

**Give copy to patient, fax to the chosen nutritional provider and to the Culinary
Health Fund Advocacy Department at (702) 691-5620**