



Healthier U

Dietician/Nutritionist Referral

Referring Physician: _____ Phone: _____ Fax: _____

Office Address: _____ Date Completed: _____

Culinary ID# _____

Patient First Name: _____ Last Name: _____

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

Patient Address: _____

Patient phone #: _____ Height: _____ Weight: _____

BMI: _____ Waist Circum: _____ BP: _____ HDL: _____

TC/HDL Ratio: _____ Cholesterol: _____

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

Diagnosis for Medical Nutrition Therapy Services

- ☐ Obesity NOS (BMI 30-39.9) ☐ BMI <30 but at risk for Chronic Disease
List disease: _____
- ☐ Obesity Severe (BMI>40)

Chosen Provider:

☐ **Anders & Dunaway
Nutrition Consultants**
2121 E. Flamingo Rd.,
Suite 110
Las Vegas, NV 89119
Phone: (702) 382-8841
Fax: (702) 369-2370
(English & Spanish)

☐ **Creating A New Norm**
6040 S. Fort Apache Rd.,
Suite 100
Las Vegas, NV 89148
Phone: (702) 475-4007
Fax: (702) 475-4060
(English & Spanish)

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

☐ **My Nutrition, My Life**
170 S. Green Valley
Parkway, 3rd floor
Henderson, NV 89102
Phone: (702) 606-3106
Fax: (702) 534-4003
(English only)

☐ **Nutrition by Joey**
8275 S. Eastern Ave.,
Suite 118
Las Vegas, NV 89123
Phone: (702) 878-5639
Fax: (480) 247-4491
(English only)

☐ **Food Connection, LLC**
4215 S. Grand Canyon,
Suite 101
Las Vegas, NV 89147
Phone: (702) 664-1204
Fax: (702) 834-4764
(English & Spanish)

☐ **Your Dietician for
Diabetes & Weight
Control**
7656 W. Sahara Ave.,
Suite 110
Las Vegas, NV 89117
Phone: (702) 525-1105
Fax: (702) 666-8555
(English & Spanish)

170 S. Green Valley
Pkwy., Suite 300
Henderson, NV 89102
(English & Spanish)

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