



# HEALTHier U

## Dietician/Nutritionist Referral

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

Address:\_\_\_\_\_

Phone:\_\_\_\_\_ Fax:\_\_\_\_\_ Office Contact:\_\_\_\_\_

### Diagnosis for Medical Nutrition Therapy Services

☐ 278.00- Obesity NOS (BMI 30-39.9) ☐ BMI <30 but at risk for Chronic Disease  
List disease\_\_\_\_\_

☐ 278.01- Obesity Severe (BMI>40)

Patient Name:\_\_\_\_\_ Participant Name:\_\_\_\_\_ ID#\_\_\_\_\_

DOB:\_\_\_\_\_ Phone:\_\_\_\_\_

Address:\_\_\_\_\_

Weight:\_\_\_\_\_ BMI:\_\_\_\_\_ Waist Circum:\_\_\_\_\_

BP: \_\_\_\_\_

HDL: \_\_\_\_\_ TC/HDL Ratio: \_\_\_\_\_

Glucose (if applicable)(results within past 6 months acceptable):\_\_\_\_\_

Cholesterol:\_\_\_\_\_

### Chosen Provider:

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

☐ **Nutrition by Joey (*Kids & Adults*)**  
(Choose location)  
8275 S. Eastern Aveue #118  
Las Vegas, NV 89123  
6140 S. Forte Apache Road #100  
Las Vegas, NV 89148  
Phone (702) 878-5639  
Fax (480) 247-4491

☐ **Nutrition Moves! (*Kids & Adults*)**  
7721 Leavorite Drive  
Las Vegas, NV 89128  
Phone (702) 242-5730  
Fax (702) 242-1417

☐ **Medical Nutrition Specialists (*Kids & Adults*)**  
1580 E. Desert Inn Road #201  
Las Vegas, NV 89169  
Phone (702) 574-3480

☐ **Diabetes Management (*Adults Only*)**  
**Consultants**  
9680 W. Tropicana Avenue #110  
Las Vegas, NV 89147  
Phone (702) 997-6474  
Fax (702) 847-5885



INITIAL RESULTS FROM REFERRED PROVIDER	
Date: _____	
Weight: _____	BP: _____
BMI: _____	Waist Circum: _____
Cholesterol: _____	HDL: _____
TC/HDL Ratio: _____	
Glucose (if applicable): _____	
(results within past 6 months acceptable)	

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Health Risk Assessment / Date Completed: \_\_\_\_\_

Patient First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Visit	Weight	BMI	Waist Circum.	BP
Next Appt: ____/____/____	Notes:			
Next Appt: ____/____/____	Notes:			
Next Appt: ____/____/____	Notes:			
Next Appt: ____/____/____	Notes:			
Next Appt: ____/____/____	Notes:			

Patient First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Visit	Weight	BMI	Waist Circum.	BP
Next Appt: ____/____/____	Notes:			
Next Appt: ____/____/____	Notes:			
Next Appt: ____/____/____	Notes:			
Next Appt: ____/____/____	Notes:			
Next Appt: ____/____/____	Notes:			