

Nutrition Referral Orange County Health Department

Fax to:

Orange County Health Department
Attn: Registered Dietitian: Renée Kemske, MPH, RD, LDN

Chapel Hill Office: 919.245.2418
Hillsborough Office: 919.245.2380

fax: 919.968.2013
fax: 919.644.3328

PATIENT INFORMATION

Date: _____
Patient Name: _____ DOB: _____ Sex: ☐ M ☐ F
Patient Address: _____
Phone: _____ Medical Provider: _____
Insurance: _____ Medicaid #: _____
Interpreter Needed: ____yes ____no Parent/Guardian: _____
Referring Office: _____ Contact Person: _____
Office Phone: _____ Office Fax: _____

MNT REFERRAL INFORMATION

Ht: _____ Wt: _____

Reason for MNT Referral (Mark all that apply)

- ☐ Overweight (wt ____ ht ____ BMI ____)
- ☐ Underweight (wt ____ ht ____ BMI ____)
- ☐ Anemia (Hgb/Hct _____)
- ☐ HTN (BP _____)
- ☐ High Cholesterol (TC ____ LDL ____ HDL ____ TG ____)
- ☐ Diabetes (BG ____ A1C ____)
- ☐ Feeding Concerns (Infant/child)
- ☐ Failure To Thrive
- ☐ Allergies/Intolerances
- ☐ Diet Concerns/questions
- ☐ Other (specify) _____

Medical Diagnosis

ICD-10 code(s):

Clinician Signature

NPI#

Relevant Labs/Other Data:

Medications:

Special Instructions/Comments:

Medical Nutrition Therapy Referral Process

Thank you for making a Medical Nutrition Therapy (MNT) referral to the Orange County Health Department (OCHD) Registered Dietitians. Your patients are important to us, and we want to ensure that they receive the appropriate care in a timely manner. Please review the following guidelines to make this process both efficient and effective.

- The clinician should complete an MNT referral form that includes the medical diagnoses, the diagnoses codes and clinician's signature. Please indicate on the referral if the patient needs an interpreter. We also accept electronically-generated referrals that include the above requirements.
- Fax the referral to the OCHD; Fax numbers are provided on the referral form. The OCHD is HIPAA compliant, and referrals are received on a secure fax machine.
- Please have your office or the patient call to schedule an appointment: 919.245.2400. When making the appointment, please indicate if the patient needs an interpreter. Limited English Proficiency patients may call the OCHD Spanish voicemail directly if preferred: 919.644.3350.
- Nutrition Services staff will send a follow-up report to the clinician within 30 days of the referral to inform him/her of the status of the referral.
- The RD will fax a report of the MNT appointment to the referring clinician and note any scheduled follow-up appointments.
- If Nutrition Services staff are unable to reach the patient with three or more attempts by phone/letter or the patient declines services, staff will fax this information to the referring clinician to complete the referral process. The clinician may refer the patient again as needed.
- If the patient misses a scheduled appointment, Nutrition Services staff will attempt to re-schedule. Nutrition Services staff will notify the referring practice when a patient misses two consecutive appointments and request that they re-refer as needed.

If you have questions or concerns regarding this process, please feel free to contact Renée Kemske, MPH, RD, LDN, 919.245.2418. Thank you once again for your referral.

Renée Kemske, MPH, RD, LDN
Registered Dietitian/Licensed Nutritionist

Nutrition Program Manager
Orange County Health Department
919.245.2418

