Consulting Dietitians
The Food and Nutrition Professionals

DIETITIAN REFERRAL FORM

Please complete and email to referrals@dietitian.co.nz
or fax to Consulting Dietitians on (09) 445 4184

Rest Home/Hospital Name:		
Client information or sticker: Client name: NHI Number: Date of Birth:		
Medical Diagnosis: (e.g. Type 2 Dm, Dementia, COPD)		
Reason for Referral: (e.g. Weight loss, Low BMI, Brittle Diabetic)		
Does the Resident have a Pressure Injury(P.I.) or is he/she at risk of P.I.? If yes then please indicate the Grade of P.I.		
Current Weight:	Height:	Ulna Length (if possible)
BMI:	Weight Hx. (if available):	
Have there been any previous dietary modifications? (e.g. changed from a full diet to a puree diet)		
Has the Resident seen a Dietitian before?		
Any other comments:		

Name: (print clearly)			
Title:			
Date:		Phone number:	
Signature:		Email:	

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