



Medical Nutrition Therapy Referral

*Client's Full Name		Client's Date of Birth	
Client's Phone Number		Date of Referral	
Referring Agency		Agency's Fax Number	

*Client must be Ryan White Part A eligible

Medical diagnosis(es) (May attach list):

Medications (May attach list):

Reason for referral (Brief statement i.e. supplements, Diabetic diet education, needs to lose weight, etc):

Most Recent Lab Data (May attach list) Date:

LDL (mg/dL)		HDL (mg/dL)		Hgb A1c (%)		Viral Load (cp/mL)		CD4+ (cells/mm ³)	
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Vitals Date:

Weight (lbs or kg)		Height (in or cm)		Blood Pressure	
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Medical Case Manager	Phone Number	Email Address
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Ashley Mendez Garcia, MS, RDN, LDN	901-333-8249	Ashley.garcia@friendsforall.org
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Licensed/ Registered Dietitian Nutritionist	Phone Number	Email Address
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Authorized Medical (MD, PA, NP) Provider Name	Authorized Medical Provider's Signature	Date
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Medical Provider permits Registered Dietitian Nutritionist to continue nutrition-related care with patient for duration of nutrition care plan.

Medical Provider Initials

Fax to 901-333-8255 -or- Scan and send encrypted email to ashley.garcia@friendsforall.org (if not internal email)