

# Nutrition Services at FirstHealth Fitness-Pinehurst



FITNESS

**WELLNESS SERVICES**

FirstHealth Fitness, 170 Memorial Drive, Pinehurst, NC 28374  
 Phone: (910) 715-2674 | Fax: (910) 715-1850 | firsthealth.org/fitness

**REFERRAL FOR NUTRITION SERVICES**

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  MALE OR FEMALE

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ CELL/WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

**PLEASE FAX the most recent and relevant clinical information, physician notes and labs.**

PLEASE CHECK ALL DIAGNOSES THAT APPLY TO THIS REFERRAL

<p><b>Basic Nutrition and Weight Control:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Nutr counseling, surveillance</li> <li><input type="checkbox"/> Pregnancy</li> <li><input type="checkbox"/> Overweight (BMI 25-29.9)</li> <li><input type="checkbox"/> Obesity (BMI 30-39.9)</li> <li><input type="checkbox"/> Obesity, morbid (BMI ≥ 40)</li> <li><input type="checkbox"/> Obesity complicating pregnancy</li> <li><input type="checkbox"/> Weight gain, abnormal</li> <li><input type="checkbox"/> Weight loss, abnormal</li> </ul> <p><b>Diabetes and Endocrine:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Diabetes, Type 1</li> <li><input type="checkbox"/> Diabetes, Type 2</li> <li><input type="checkbox"/> Gestational Diabetes</li> <li><input type="checkbox"/> Abnormal blood glu/pre-diabetes</li> <li><input type="checkbox"/> Hypoglycemia, unspecified</li> <li><input type="checkbox"/> Polycystic Ovarian Syndrome</li> <li><input type="checkbox"/> Other DM/endocrine (specify: _____ )</li> </ul>	<p><b>Gastrointestinal and Liver:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Celiac Disease</li> <li><input type="checkbox"/> Crohn's Disease</li> <li><input type="checkbox"/> Irritable Bowel Syndrome</li> <li><input type="checkbox"/> Diverticulosis</li> <li><input type="checkbox"/> Diverticulitis</li> <li><input type="checkbox"/> Cirrhosis of Liver, alcoholic</li> <li><input type="checkbox"/> Cirrhosis of Liver, non-alcoholic</li> <li><input type="checkbox"/> Gallbladder disorder</li> <li><input type="checkbox"/> Pancreatitis</li> <li><input type="checkbox"/> Reflux/GERD</li> <li><input type="checkbox"/> Ulcerative Colitis</li> <li><input type="checkbox"/> Other GI diagnosis (specify: _____ )</li> </ul> <p><b>Malnutrition and Food Allergy:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Malnutrition, protein/calorie (specify: mild, moderate or severe)</li> <li><input type="checkbox"/> Food Allergy (specify: _____ )</li> </ul>	<p><b>Lipid and Cardiovascular:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hypercholesterolemia</li> <li><input type="checkbox"/> Hypertriglyceridemia</li> <li><input type="checkbox"/> Hyperlipidemia, unspecified</li> <li><input type="checkbox"/> Hypertension, unspecified</li> <li><input type="checkbox"/> Cardiovascular Disease</li> <li><input type="checkbox"/> Other cardio diagnosis (specify: _____ )</li> </ul> <p><b>Miscellaneous:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Anorexia Nervosa</li> <li><input type="checkbox"/> Bulimia</li> <li><input type="checkbox"/> Eating Disorder, NOS</li> <li><input type="checkbox"/> Chronic Kidney Disease (stage ____ )</li> <li><input type="checkbox"/> Dysphagia (specify: _____ )</li> <li><input type="checkbox"/> Other (specify: _____ )</li> </ul>
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- RD to assess and treat with nutrition therapy
- Instruct on \_\_\_\_\_ nutrition therapy
- Indirect Calorimetry to assess Resting Metabolic Rate

PROVIDER NAME (PRINT): \_\_\_\_\_ PRACTICE: \_\_\_\_\_

PROVIDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PROVIDER PHONE: \_\_\_\_\_ PROVIDER FAX: \_\_\_\_\_

FAX COMPLETED FORM TO (910) 715-1850

Find these forms online at  
**[www.firsthealth.org/referral](http://www.firsthealth.org/referral)**