

MEDICAL NUTRITION THERAPY: Offices & Locations

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|---|--|
| <p>UL Pediatrics Weisskoff Child Evaluation Center <i>Located across from McDonald's on Floyd Street</i></p> | <p>UL Pediatrics Healthy for Life <i>Located in Children's hospital Foundation Bldg., 601 S. Floyd Street, Suite 805</i></p> |
| <p>Pediatric Feeding Disorders</p> | <p>Pediatric Diabetes, Types 1 & 2</p> |
| <p>Pediatric Metabolic/Genetic Disorders</p> | <p>Pediatric Pre-Diabetes</p> |
| <p>Pediatric Failure to Thrive/Underweight</p> | <p>Pediatric Metabolic Syndrome</p> |
| <p>Pediatric GI</p> | <p>Pediatric Weight Management</p> |
| <p>Pediatric Tube Feeding/TPN</p> | |
| <p>Other Pediatric Issues/Concerns:</p> | |
| | <p>UofL Family Medicine Newburg Office • Cardinal Station</p> |
| | <p>Diabetes, Types 1 & 2, Gestational</p> |
| | <p>Dumping Syndrom</p> |
| | <p>Eating Disorder</p> |
| | <p>Gastroparesis</p> |
| | <p>GI Disorder</p> |
| | <p>Hyperlipidemia/Coronary Artery Disease</p> |
| | <p>Liver Disorder</p> |
| | <p>Metabolic Syndrome/Insulin Resistance/PCOS</p> |
| | <p>Osteoporosis</p> |
| | <p>Renal Disorder</p> |
| | <p>Sports Nutrition</p> |
| | <p>Stroke</p> |
| | <p>Weight Management</p> |
| | <p>Wellness-Age Specific (Age, Pregnancy, etc.)</p> |
| | <p>UofL Family Medicine Locations — Newburg Family Medicine Office 1941 Bishop Lane, Suite 900 Louisville, KY 40218 ph: (502) 852-6684 fax: (502) 852-5698 — Cardinal Station Family Medicine 215 Central Avenue, Suites 100 Louisville, KY 40208 ph: (502) 852-2822 fax: (502) 852-2819 —</p> |



Fax to: _____ Date: _____

PATIENT INFORMATION

| | | | |
|--|-------------------|--------------------|------|
| Patient Name: | Family Contact: | SSN: | DOB: |
| Address: | | Primary Phone #: | |
| Insurance: Private / Medicare / Medicaid / Passport / None | | Alternate Phone #: | |
| Referring Doctor: | Referring Clinic: | Phone: | Fax: |

CONSULT | REFERRAL TO:

| | | |
|---|-----------------------|---------------------|
| <input type="checkbox"/> UofL Family & Geriatric Medicine | phone: (502) 852-1808 | fax: (502) 852-7142 |
| <input type="checkbox"/> UofL Pediatrics Weisskoff CEC | phone: (502) 852-8813 | fax: (502) 852-7886 |
| <input type="checkbox"/> UofL Pediatrics Healthy for Life | phone: (502) 852-7309 | fax: (502) 852-2908 |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |

REFERRAL | NUTRITIONAL CONCERNS

| | | |
|--|---|--|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hyperlipidemia/Coronary Artery Disease | <input type="checkbox"/> Reflux - GERD |
| <input type="checkbox"/> Diabetes: Type 1, Type 2, Gestational | <input type="checkbox"/> Kidney Disorder (creatinine levels) | <input type="checkbox"/> Sports Nutrition |
| <input type="checkbox"/> Dumping Syndrome | <input type="checkbox"/> Liver Disorder | <input type="checkbox"/> Surgery: Bariatric, complications, etc. |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Metabolic Syndrome / Insulin Resistance Pre-Diabetes | <input type="checkbox"/> Weight Management |
| <input type="checkbox"/> Failure to Thrive / Underweight | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Wellness (Age, Pregnancy, etc.) |
| <input type="checkbox"/> Food Allergy | <input type="checkbox"/> Pediatric Feeding Disorder | <input type="checkbox"/> Other: |
| <input type="checkbox"/> GI Disorder / Specify: | <input type="checkbox"/> Poly Cystic Ovary Syndrome | |
| | <input type="checkbox"/> Tube Feeding / TPN | |

Reason for Referral (be specific): _____

Related Labs*/Weights/Test Results: _____

RD RESPONSE

| | |
|--|-----------------------------|
| <input type="checkbox"/> Patient Canceled / Did Not Keep Appt. | Findings & Recommendations: |
| <input type="checkbox"/> Appt. Rescheduled: _____ | |
| <input type="checkbox"/> See Attached Document | |

METHOD OF RESPONSE

INCLUDE WITH RESPONSE

| | |
|-------------------------------------|--|
| <input type="checkbox"/> Fax | <input type="checkbox"/> Nutrition Assessment Report |
| <input type="checkbox"/> Fax & Mail | <input type="checkbox"/> Other _____ |

| | | |
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