

GERIATRIC CARE PARTNERS V.I.P. NUTRITION REFERRAL

NOTICE: This Referral contains confidential medical information which is disclosed expressly for the purpose of facilitating patient care. This information is to be reviewed only by the intended recipient, and only for the direct benefit of the patient. This information must be handled in a manner which ensures the privacy and security of the record.

Patient Information

Contact Information
(including best times to call)

Referring Physician Dr. Gorbien Dr. Olson Dr. Perry Dr. Shah

Primary Diagnosis (*include date of onset*)

Medications

Additional Diagnoses

Meds are Self-Administered Given by _____

PHARMACIST: Please check this medication list against your records & notify the physician below of any discrepancies!

NUTRITION SCREENING INFORMATION

Comments / Other Lab Tests:

Height _____ BMI _____ Current Weight _____

Previous Weights / Date _____

Most recent: BP _____/_____ HbA1c _____

Total Cholesterol _____ HDL-C _____ LDL-C _____ Triglycerides _____

BUN _____ Creatinine _____ Microalbumen _____

Total Protein _____ Albumin _____

Self Monitoring:

Do patient or family members check blood glucoses regularly Yes No

Would patient and family like to learn how to self-check Yes No

Stage of Change Precontemplation Contemplation Preparation Action Maintenance

Specific Nutritional Risks or Special Issues No barriers identified

Diabetes Mellitus

Low levels of physical activity

Use of complementary / alternative tx

Poor adherence to diet

Low Literacy

Unintended weight loss

Cultural issues

Depression / Emotional

Hearing / Vision impairment

No Prior Nutrition Education

Recent weight gain

Language Barriers / Spanish only

Poor understanding of diet

Cognitive impairment

Other:

Psychosocial issues

Specific Goals of Intervention (*These have been developed with patient and family, and they are aware of goals and the referral*)

-
-
-

DATE OF NEXT FOLLOW-UP APPOINTMENT :

Please send an update at least one day prior to the visit.

ACKNOWLEDGEMENT: Referral received and patient has been contacted You will receive an update prior to the patient's next appointment. Please call me if you have additional information or questions.

_____ Date _____