



Referral for Nutrition Intervention

Patient Name _____ DOB _____ Date _____

Referral for Nutrition Intervention—Patient Diagnoses *(check all that apply)*

- Acne, Adult; Rosacea
- ADD/ADHD
- Allergies, Environmental
- Allergy/Intolerance/Sensitivity
Food _____
- Anemia
- Anxiety
- Arthritis
 - Degenerative Rheumatoid
 - Osteoarthritis Psoriatic
- Asthma
- Autism Spectrum
- Cancer
Type _____
- Cardiometabolic Syndrome
- Celiac Disease/Gluten-Sensitive Enteropathy
- Chronic Obstructive Pulmonary Disease
- Depression
- Diabetes: Type 1, Type 2, Gestational
- Dysbiosis/SIBO/Candidiasis
- Dyslipidemia
 - Hypercholesterolemia
 - Hypertriglyceridemia
 - Elevated LDL; Increased Apo B/A1 Ratio
 - Decreased HDL
- Essential Fatty Acid Deficiency
- Estrogen Metabolism Imbalance (incl. PMS)
- Failure to Thrive
- Fatigue/CFIDS
- Female Athlete Triad
- Fibromyalgia
- Gastric Bypass
Type _____
- Gastroesophageal Reflux Disease
- Gout
- Genetic Issues
Specify _____
- Hypercoagulopathy
- Hyperhomocysteinemia/Hypomethylation
- Hypertension (incl. prehypertension)
- Hypochlorhydria/Digestive Enzyme Deficiency
- Hypothyroidism
- Infant Food Introduction
- Inflammatory Bowel Disease (Crohn's, UC)
- Insulin Resistance/Hyperinsulinemia
- Intestinal Permeability
- Irritable Bowel Syndrome
- Malabsorption;
Specify _____
- Mineral Deficiency;
Specify _____
- Mold Hypersensitivity
- Obesity (BMI ≥ 30)
- Obesity, Truncal (metabolic, skinny fat, visceral)
- Overweight Adult (BMI ≥ 25)
- Overweight Child (85th percentile or above)
- Osteopenia/Osteoporosis
- Periodontitis
- Pregnancy: 1st/2nd/3rd Trimester
 - EFA deficiency Gestational DM/IR
 - Weight gain/loss Iron
 - Protein (carnitine)
- Psoriasis
- Sinusitis
- Temporomandibular Joint Disease (TMJ)
- Vitamin Deficiency;
Specify _____
- Weight Loss, Unintentional

Specify Other Conditions

Referral for Nutrition Intervention—Dietary Plans and Supplements

Dietary Plans

Functional Nutrition

- Phytonutrient Spectrum
- Core Food Plan
- Core Food Plan—Gluten-free/Dairy-free
- Core Food Plan—Vegan/Vegetarian

First-Step Interventions

- Elimination Diet
- Food Reintroduction
- Cardiometabolic Food Plan

Advanced Interventions

- GI-Specific Food Plan _____
- Detox Food Plan
- Mito Food Plan

Macronutrient Distribution

- 45/25/30
- 40/30/30
- Mild/Strict Ketogenic
- Intermittent Fasting: # _____ days

Target Calories

- 600
- 1000–1200
- 1200–1400
- 1400–1800
- 1800–2200
- 2200–2500
- Other _____

Goals of dietary Intervention

- | | | |
|--|---|---|
| <input type="checkbox"/> Blood pressure management | <input type="checkbox"/> Low-inflammatory | <input type="checkbox"/> Other dietary goals: _____ |
| <input type="checkbox"/> Blood sugar management | <input type="checkbox"/> Low glycemic index/load | _____ |
| <input type="checkbox"/> Detoxification | <input type="checkbox"/> Phytonutrients-enriched | _____ |
| <input type="checkbox"/> Elimination | <input type="checkbox"/> Reduced animal products | _____ |
| <input type="checkbox"/> Food reactivity awareness | <input type="checkbox"/> Weight control <input type="checkbox"/> Gain <input type="checkbox"/> Loss | _____ |

Dietary Supplement

Specific Nutrient Intervention

- | | |
|---|---|
| <input type="checkbox"/> Vitamin _____ | <input type="checkbox"/> Antioxidant _____ |
| <input type="checkbox"/> Mineral _____ | <input type="checkbox"/> Essential Fatty Acid _____ |
| <input type="checkbox"/> Amino Acid _____ | <input type="checkbox"/> Other _____ |

Supplement	On rising	Breakfast	Mid-morning	Lunch	Mid-afternoon	Dinner	Mid-evening	Before bed

Additional notes from Primary Care Provider to the Functional Nutrition Professional

Referring Provider _____

Signature _____

