



Jackson County Department of Public Health
 538 Scotts Creek Rd. Suite 100 • Sylva, NC 28779
 Tel: 828-586-8994 • FAX: 828-586-3493
 Shelley Carraway
 DIRECTOR

Medical Nutrition Therapy Referral
Attention: Lee Lillard, MHS, RD, CDE

Name: _____ **Date of Birth:** _____
Address: _____
Telephone: (Home) _____ (Work/Cell) _____

Diagnoses: (All) _____

Medications:(All) _____

Medical Nutrition Therapy Orders:

_____ Low cholesterol, low fat meal plan
 _____ Sodium restricted meal plan _____ 2 gm _____ 3 gm _____ 4 gm
 _____ Diabetes
 _____ Pre-Diabetes
 _____ Other: _____

Labs: Fill in or attach copy of most recent laboratory results. If no labs available, check labs to be done at Jackson County Department of Public Health

_____ Lipid Profile _____ Hgb A1C
 _____ Serum Cholesterol _____ Hgb
 _____ HDL _____ Microalbumin
 _____ LDL _____ Fasting Glucose
 _____ Triglycerides _____ Other as applicable: _____

Barriers to Nutrition Education:

_____ No transportation _____ Limited ability to read or write
 _____ Vision problems _____ Limited mental ability
 _____ Hearing Problems _____ English as a second language
 _____ Other: _____

Physician's Signature _____ **Date** _____

Office Use only

Unable to Contact patient		
Patient Scheduled		
No show/Canceled		