# Rady Children's Hospital Outpatient Nutrition Clinic Referral Form

Patient Type (circle one): New Patient Return Patient

Patient Name: _____ Patient Date of Birth: _____

Patient Address: _____

City: _____ State: _____ Zip Code: _____Patient Age: _____

Patient Insurance Company: _____

Subscriber: _____ Policy Number: _____

Authorization/Referral #: _____

# of visits Authorized: _____

**Reason for Referral:** _____

| | | |
|---|---|---|
| Overweight/Obese* | Ketogenic Diet | General Nutrition |
| Eating Disorder** | Diabetes Mellitus | Elevated lipids/cholesterol |
| Poor weight gain | Vegetarian Diet | Specify other reasons above |
| Gastric Tube | Failure to Thrive | |
| Food Allergies/Intolerances | Feeding Difficulty | |
| | Celiac Disease | |

*All patients referred for weight management/obesity attend our group weight management classes.

**Additionally for patients being referred for eating disorders please see our webpage for further details **before** referring patients.

**Labs:** Please attach appropriate lab work.

**Growth Chart:** Please include a copy of the patient's growth chart

**Pertinent Medications:** _____

Referring Physician (printed):_____

Referring Physician NPI Number: _____

Referring Physician Phone Number: _____

Physician Signature: _____ Date: _____

Please note, some payors require 7 business days or more to authorize nutrition visits and may not consider nutritional visits as urgent unless documented by the physician. In addition, some payors have their own vendors they contract with for ancillary services. Additionally if all information is not provided (lab work and growth charts)theappointment may not be covered by insurance.

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Please Mail form to:
Central Authorizations Department
3020 Children's Way MC5015
San Diego CA, 92123

Fax Form To:
858-966-4051

Once the referral has been completed the patient/family should call: 858-966-5999 to schedule an appointment.

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Additionally if all information is not provided (lab work and growth charts)theappointment may not be covered by insurance.