UP HEALTH SYSTEM MARQUETTE
A Duke LifePoint Hospital

Phone: (906) 449-3460 850 West Baraga Avenue
Fax: (833) 673-0352 Marquette, MI 49855

Nutrition and Wellness / Nutritional Wellness Referral Form

DIAGNOSIS:_____

REASON FOR REFERRAL: PLEASE SPECIFY:

MORBID OBESITY: ____UNCONTROLLED WEIGHT GAIN:___ UNCONTROLLED WEIGHT LOSS___
EATING DISORDER: NOS___ANOREXIA NERVOSA___BULIMIA NERVOSA___
CKD:___HYPERLIPIDEMIA:___HYPOLIPIDEMIA:___HYPERCHOLESTEROLEMIA___

Please include a copy of patients most recent lab work (if applicable)

Patient Name	Social Security #	Birth Date:	Sex:
Address	Home Phone	Cell Phone	
City/State/Zip Code	Patient's Employer	Work Phone	
Primary/Referring Physician			
Primary Insurance Name	Secondary Insurance Name		

PLEASE SIGN:

Physician Signature: _____ **Date:** _____

FOR DIABETES EDUCATION REFERRALS ONLY:
PLEASE SIGN below if you approve titration of insulin by a diabetes educator

Physician Signature: _____ **Date:** _____

(FOR NUTRITION & WELLNESS / DIABETES EDUCATION STAFF USE ONLY)

Date of Request	Appointment Date	Educator	Medical Record Number

Revised 9/2016