



Exhibit L1

Instructions for Nutrition Referrals

Always use the approved Nutrition Screening Referral Form (Exhibit L1)

CLIENT INFORMATION – Please complete all boxes in this section. PLEASE PRINT CLEARLY.

- Write client's first and last name.
- Write parent or guardian's first and last name, if participant is an infant.
- Write client's date of birth (month, date, & year), Medicaid number and social security number.
- Place a check (✓) mark where applicable
 - Pregnant
 - Infant (0 – 12 months)
 - Child (1 – 3 years)
 - 1st Time Mother
- Write all phone numbers where client can be reached.
- Write client's complete address (P.O. Box is not acceptable).
- Write Expected Date of Delivery (EDD).
- Write client's weight in pounds ('lbs').
- Write client's height in inches ('ins'). Calculate inches multiplying the number of feet by 12, then add the remaining inches.
- Calculate BMI by using the weight and height measurements. Use table or wheel to find BMI.
- Write language in which the client or parent/guardian prefers to communicate.

PROVIDER INFORMATION – Please complete all boxes in this section. PLEASE PRINT CLEARLY.

- Write the name of organization to which the referral is being sent.
- Write the organization's address, phone and fax number.
- Write the name of the individual completing the referral, their title and the date the referral is being faxed.
- Write the name of the organization from which the referral is being sent, address, phone number and the individual completing the referral extension or cell phone.
- Write the best time to contact client, their risk level, and the name and address of the physician and/or clinic client is receiving care.
- Sign and date when referral was generated.

Please check (✓) all the boxes that apply to the client. Remember all medical conditions must be diagnosed by a physician.

RESPONSE TO REFERRAL ORIGINATOR

- Do not write in this section.
- This section is to be completed by the NUTRITIONIST; signed and dated