

Dietary Consultation Referral

Date: [Insert Date]

To: [Dietitian's Name]

Address: [Dietitian's Address]

Dear [Dietitian's Name],

I am writing to refer my patient, [Patient's Name], who is experiencing [brief description of the patient's issue, e.g., weight management challenges, dietary restrictions, etc.].

Patient Information:

- **Age:** [Patient's Age]
- **Gender:** [Patient's Gender]
- **Medical History:** [Brief medical history relevant to dietary needs]
- **Current Medications:** [List of medications]

I believe that a dietary consultation would greatly benefit [Patient's Name] by providing tailored nutrition advice and support. Please find attached any relevant medical records for your review.

Thank you for your assistance. Should you have any questions or require further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]

[Your Title/Position]

[Your Practice Name]

[Your Practice Address]