

# Dietary Support Referral

Date: [Insert Date]

To Whom It May Concern,

I am writing to refer [Patient's Name], [Patient's Age], for dietary support to assist in their health improvement journey. During our recent consultations, we identified several areas where dietary changes could significantly benefit [his/her/their] overall health.

[Patient's Name] has expressed a desire to improve [his/her/their] eating habits to address [specific health concerns, e.g., weight management, diabetes, hypertension]. I believe that engaging with a qualified dietary specialist will provide [him/her/them] with the necessary guidance and resources.

Details of the patient are as follows:

- Name: [Patient's Name]
- Date of Birth: [Patient's DOB]
- Address: [Patient's Address]
- Contact Number: [Patient's Contact Number]
- Health Issues: [List relevant health issues]

I recommend that [he/she/they] schedule an appointment with a registered dietitian at your earliest convenience. Please feel free to contact me at [Your Contact Information] should you require any additional information regarding this referral.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]