

Nutritionist Referral Letter

Date: [Insert Date]

To: [Nutritionist's Name]
[Nutritionist's Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

From: [Your Name]
[Your Title/Position]
[Your Practice Name]
[Your Address]
[City, State, Zip Code]

Dear [Nutritionist's Name],

I am writing to refer my patient, [Patient's Name], who is seeking guidance on [specific dietary needs or health concerns]. [Patient's Name] has been under my care for [duration] and is experiencing [brief description of the condition or concerns].

After a thorough assessment, I believe that your expertise in nutrition would greatly benefit [Patient's Name]. They have shown a commitment to improving their health and are eager to learn more about [specific dietary goals or challenges].

Please find attached [relevant medical history or previous dietary plans, if applicable]. I trust that you will provide [Patient's Name] with the necessary support and guidance to achieve their nutrition goals.

Thank you for your attention to this referral. Please feel free to contact me if you have any questions or need further information.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Position]
[Your Contact Information]