

Patient Referral for Nutritional Counseling

Date: [Insert Date]

To: [Nutritional Counselor's Name]

[Nutritional Counselor's Address]

[City, State, Zip Code]

Dear [Nutritional Counselor's Name],

I hope this message finds you well. I am writing to refer my patient, [Patient's Name], who is in need of nutritional counseling.

Patient Information:

- Name: [Patient's Name]
- Date of Birth: [Patient's DOB]
- Contact Information: [Patient's Phone/Email]
- Medical History: [Brief Summary of Relevant Medical History]
- Current Medications: [List of Medications]

Reason for Referral: [Brief Description of Dietary Concerns or Conditions]

I believe that [Patient's Name] would greatly benefit from your expertise in managing their nutritional needs. Please feel free to contact me if you need any further information regarding this referral.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]

[Your Clinic/Hospital Name]