

Willamette Nutrition Source, LLC  
744 NW 4<sup>th</sup> St.  
Corvallis, OR 97330  
PH-541-207-7205/ FAX 877-840-1725

**Referral For Nutrition Services**

Your patient or their guardian, named below, is requesting Medical Nutrition Therapy Services with Therese S. Waterhous PhD, RDN, CEDRD (Willamette Nutrition Source, LLC.) A referral from you is required. For eating disorder patients an ongoing agreement for medical monitoring of patients and coordination of efforts is a necessary part of treatment.

Name of Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_

Phone numbers \_\_\_\_\_

Other contact info: \_\_\_\_\_

Reason for Referral/Diagnosis \_\_\_\_\_

ICD-10 codes: R63.4-Abnormal weight loss\_\_\_\_ F50.01 Anorexia Nervosa\_\_\_\_ F50.2 Bulimia Nervosa\_\_\_\_  
F50.8 EDNOS\_\_\_\_ E44.0 Moderate Protein Cal Malnutrition\_\_\_\_ N91.2 Amenorrhea\_\_\_\_  
E66.01Obesity\_\_\_\_ R63.5 Abnormal weight gain\_\_\_\_  
Z72.4 Inappropriate diet and eating habits\_\_\_\_ D53.9 Nutritional Anemia\_\_\_\_

Current Height\_\_\_\_\_ Weight\_\_\_\_\_ Target Weight\_\_\_\_\_

Medically stable for outpatient treatment according to PCP? yes\_\_\_\_\_ no\_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_

Referring Provider \_\_\_\_\_

\_\_\_\_\_  
(Referring provider signature) (date)

\_\_\_\_\_  
(Referring provider address) (Physician phone) (FAX)

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