

**Nutrition Counseling – Outpatient Referral – Cascade Nutrition Consulting, LLC**

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To schedule patients:  
**FAX this form to 541-385-4987**

Patients will be contacted to discuss scheduling an appointment within 48 business hours of the referral. Patients will be contacted a maximum of 3 times to schedule an appointment. If the patient does not wish to schedule an appointment or they do not respond to our contact attempts the referring provider will be notified. Thank you for your referral.

**Patient Information**

Patient Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Patient Phone: \_\_\_\_\_

**Diagnoses / Reason for Referral**

ICD 10 Code: \_\_\_\_\_

**Referring Provider**

Provider Name: \_\_\_\_\_  
Provider Contact #: \_\_\_\_\_

**Additional Information**

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