

Memorial Hermann Health System Outpatient Clinical Nutrition Referral

Fax the referral form to the appropriate clinic below.

NOTE: This form is Not for Diabetes Referrals. Please use the Diabetes Education Referral Form 16012
or visit: <https://memorialhermann.org/healthcare-professionals/physicians/provider-forms>

PATIENT INFORMATION

Patient's Name: _____ DOB: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Legal Guardian's Name (if applicable): _____

Primary Insurance: _____ Secondary Insurance: _____

Patients Preferred Language: Verbal: _____ Written: _____

PHYSICIAN'S ORDERS & INFORMATION

Medical nutrition therapy for: _____

Diagnosis(es): _____

ICD code(es): _____

Number of visits: _____

I, referring provider, attest that I have discussed this referral with the patient, and the patient has provided consent to the sharing of their demographic and contact information with Memorial Hermann or its affiliated providers for the purposes related to this referral, including: (1) telephone calls and text messages regarding health care, including but not limited to scheduling, reminders, and medication refills; (2) email or mail communications regarding health care, including but not limited to scheduling, reminders, and medication referrals; and (3) other information regarding my health care, billing and health related services and benefits. I have instructed the patient if they wish to revoke this consent, they may contact Memorial Hermann at 713-222-CARE (2273) or opt out directly after receipt of communication.

Referring Provider Signature Print Name NPI/MHHS ID. Date Time

AM
 PM

Office Phone: _____ Fax: _____

H/P, medication list, and/or Lab work faxed with referral form

Please choose which facility the patient prefers and fax form to the number indicated:

- Memorial Hermann Greater Heights: Phone 713-867-3336, Fax order to: 713-867-4630
- Memorial Hermann Katy: Phone 281-644-7180, Fax order to: 281-644-7012
- Memorial Hermann Southeast: Phone 281-929-6485, Fax order to: 281-929-4710
- Memorial Hermann Texas Medical Center: Phone 713-704-6500, Fax order to: 713-704-5113
- Memorial Hermann The Woodlands: Phone 713-897-2514, Fax order to: 713-897-2381

MEMORIAL
HERMANN

Outpatient Clinical Nutrition Referral

