

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:

☐ MH Cypress: 346-231-5658, Fax order to: 346-231-4154

☐ MH Southeast: 281-929-6485, Fax order to: 281-929-4710

☐ MH Greater Heights: 713-867-3336, Fax order to: 713-867-4630

☐ MH Texas Medical Center: 713-704-6500, Fax order to: 713-704-5113

☐ MH Katy: 281-644-7180, Fax order to: 281-644-7012

☐ MH The Woodlands: 713-897-2514, Fax order to: 713-897-2381

☐ MH Northeast: 281-540-7995, Fax order to: 281-913-3422

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