

**Western Maryland Health System
OUTPATIENT NUTRITION CLINIC**

12500 Willowbrook Road
Cumberland, MD 21502
Phone: 240-964-8416 Fax: 240-964-8415

PATIENT INFORMATION

Name _____ Date of Birth _____
Address _____
Day Phone _____ Evening Phone _____
Insurance (Attach copy) _____
Referring Physician _____

MEDICAL INFORMATION

Diagnosis: _____ ICD-10 Code _____
Reason for Referral _____
Height _____ Weight _____
Medical History/Complications _____

Medications (list or attach) _____

Laboratory Data Check here if patient's lab data is available from Western Maryland Health System, or fill in the appropriate lab data below, or attach report:

Date		Result	Date		Result
_____	Fasting Glucose	_____	_____	Bun	_____
_____	HbA1C	_____	_____	Creatinine	_____
_____	Triglycerides	_____	_____	GFR	_____
_____	Cholesterol	_____	_____	Albumin	_____
_____	LDL	_____	_____	Hgb	_____
_____	HDL	_____	_____	CO2	_____
_____	Urine albumin	_____	_____	K	_____
_____	Calcium	_____	_____	Phos	_____
_____	PTH	_____	_____	Ferritin	_____

MEDICAL NUTRITION THERAPY PLAN

Current Diet Therapy: _____

Check here if Registered dietitian is able to educate on calorie needs as determined during the Medical Nutrition Therapy assessment if they differ from current calorie needs.

Physician's Goals for Patient _____

PHYSICIAN SIGNATURE _____ **Date** _____ **Time** _____