SPARKMAN NUTRITION

MEDICAL NUTRITION THERAPY REFERRAL

7701 N Lamar Blvd, Suite 402 | Austin, TX 78752

Phone: 512-257-0898 | Fax referrals: 512-792-9912

www.sparkmannutrition.com | In-person and telehealth appointments

1 PATIENT INFORMATION

Patient full name

Date of birth

Patient / caregiver phone

Email

Street address, city, state and ZIP

Parent / guardian (if applicable)

Preferred language / interpreter needs

2 INSURANCE INFORMATION

Insurance plan / payer

Member ID

Subscriber name and date of birth (if different)

Group number

3 REFERRAL DETAILS

Reason for referral (select all that apply)

- ☐ Diabetes / prediabetes
- ☐ GI concerns
- ☐ Weight management / GLP-1
- ☐ Pediatric nutrition / feeding
- ☐ Heart health
- ☐ Eating disorder / disordered eating
- ☐ Kidney disease
- ☐ Women's health / PCOS
- ☐ Other (describe below)

Diagnosis / ICD-10 code(s)

Clinical concerns, goals, relevant history or special instructions

☐ Medical nutrition therapy: assessment and follow-up as clinically indicated

Visits / frequency requested (optional)

Authorization / referral number (if applicable)

4 REFERRING PROVIDER

Provider name / credentials

NPI

Referral date

Practice name

Phone

Fax

Please fax this form with relevant visit notes, labs and insurance information to 512-792-9912.