



Name of AAA _____

Name of Senior Center _____

AAA Phone # _____

AAA Fax # _____

Nutrition Counseling Referral Form

Date: _____

Participant's Name: _____ D.O.B: _____

Gender: _____ Phone Number(s): _____

Address: _____

Reason for Referral:

Attention Physician: This participant of the Alabama Elderly Nutrition Program completed the following Nutrition Checklist and scored 6 or greater suggesting they are at "high" nutritional risk. This participant also expressed desire to see a Registered Dietitian Nutritionist for nutrition counseling which requires a physician's order.

- (2) Y N 1. Have you changed the amount of kinds of food you eat because of illness or health condition?
- (3) Y N 2. Do you eat fewer than 2 meals a day?
- (1) Y N 3. Do you eat fewer than 3 fruits or vegetables a day?
- (1) Y N 4. Do you eat fewer than 2 servings of dairy products a day? (Milk, yogurt, cheese)
- (2) Y N 5. Do you have 2 or more drinks of beer, liquor, or wine almost every day?
- (2) Y N 6. Do you have any tooth or mouth problems that make it hard to eat?
- (4) Y N 7. Do you sometimes not have enough money for food?
- (1) Y N 8. Do you eat alone most of the time?
- (1) Y N 9. Do you take 3 or more kinds of medicines a day? (over the counter & prescription medicines)
- (2) Y N 10. Without wanting to, have you lost or gained 10 pounds or more in the past 6 months?
- (2) Y N 11. Do you have any physical problems that make it difficult for you to shop, cook, or feed yourself?

← **Nutrition Risk Score of 6 or greater suggests "High" Nutritional Risk.**

Physician's Diet Order _____ Date _____

Physician's Name _____ Physician's Practice Name _____

Address: _____ Phone Number _____

Physician's Signature _____

Participant should return this signed form to the Senior Center

OR have physician's office fax form directly to AAA.

Senior Center Manager: Please return this completed referral form to the AAA with weekly Ticket Reports. The AAA will work with this participant to find a Registered Dietitian in the area who will provide nutrition counseling.

To be signed by RDN upon completion of Nutrition Counseling

Registered Dietitian Nutritionist Signature

Date:

