



Priyanka S., M.Sc., RDN, LD
Ginger Spice Health, LLC
Registered Dietitian Nutritionist
 Nutrition counseling services; TELEHEALTH available
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For providers- Medical Nutrition Therapy Referral form

Please fill, send with patient OR FAX #612-712-8264

Patient Full Name: _____
Date of Birth: _____
Patient's Phone number: _____ **Email address** _____
Any diet order/special diet instructions: _____
Physician/provider full name (print): _____
Physician/provider signature: _____
Clinic name: _____

<p><u>Please Circle BMI</u> <18.5/ 18.5-24.9 / >24.9 / >29.9</p>	<p><u>Please Circle CVD risk factors:</u> Family history CVD/elevated lipid/Low HDL/ Hypertension/ Prediabetes/Metabolic syndrome/ High WHR /Impaired fasting BG</p>	
Abnormal weight gain	Hypertension	Polycystic ovarian syndrome
GERD	Metabolic syndrome	Type 2 diabetes
Fatty Liver	Hypercholesterolemia	Impaired fasting glucose
Constipation	Hyperglyceridemia	Prediabetes
IBS/ Celiac / Crohn's disease	Hyperlipidemia	Pregnant/ Gestational diabetes
Other:_____	Malnutrition	Excessive weight gain in pregnancy
Other:_____	Chronic kidney disease	Type 2 DM

Accepting insurances:

