



**INSPIRD**  
NUTRITION & MENTAL  
HEALTH COUNSELING

4099 William Penn Highway  
Suite 202  
Monroeville, PA 15146  
Phone: 412-372-1400  
Fax: 618-989-0403

## Client Referral Form

\*Please fax this form to 618-989-0403\*

### Client Information:

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

What services is this referral for? \*Please use a check mark to indicate all that apply.\*

- Nutrition Counseling and Medical Nutrition Therapy with a Registered Dietitian
- Mental Health Counseling with a Mental Health Therapist

Diagnosis Code/Reason for Referral: \_\_\_\_\_

\*List the diagnosis code(s) for the condition/reason that they would be receiving our services. If there is not yet a diagnosis code on their chart, please describe the main reason/concern for the referral.\*

Client's Health Insurance Provider (if applicable): \_\_\_\_\_

### Referring Provider Information:

Provider's Name and Credentials: \_\_\_\_\_

Practice or Facility Name: \_\_\_\_\_

Referring Provider NPI: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Preferred Method of Contact:  Phone  Fax  Email  Other: \_\_\_\_\_

Is there any additional information you think would be helpful for us to know about this client?

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Questions? Contact us at [www.inspirdnutrition.com](http://www.inspirdnutrition.com) or call 412-372-1400