

High Risk Counseling Referral Form

NE Code: _____

Schedule HR IC Appt: ___ week/s ___ month/s

Participant Name (last, first)		Date:
WIC ID Number:		DOB:
Ht:	Wt:	Hct/Hgb:
Referred by:		
Appointment (time/date):		
<u>Reason for referral:</u>		
<u>Notes:</u>		

**I understand that I have been offered an appointment with the Registered Dietitian (RD).
*Entiendo que me han ofrecido una cita con un dietista registrado.***

- I am currently being seen by an RD outside the WIC Program.
Actualmente consulto con otro dietista registrado fuera del Programa WIC.
- I prefer not to meet with the WIC RD at this time.
Prefiero no reunirme con el dietista registrado de WIC por el momento.

 (client signature)
(firma del cliente)

 (client's printed name)
(nombre del cliente en letra de molde)

 (date)
(fecha)

<p><u>Follow-up/Outcome:</u></p> <p>1 - Client refused referral to HR RD 2 - Client canceled 3 - No Show 4 - Phoned contact to reschedule – no response 5 - Letter sent & rescheduled in computer</p>	<p>6 - Rescheduled by client or RD 7 - Phone counseling provided by RD 8 - HRIC provided by RD 9 - Client verbally affirmed appointment with outside referral 10 - Response received from outside referral</p>
---	--