EAST TENNESSEE Children's Hospital

Wimberly Johnson, M.S., R.D., L.D.N.
Pediatric Outpatient Dietitian
2018 Clinch Ave, Knoxville, TN 37916
Phone: (865) 541-8512 • Fax: (865) 541-8681

Outpatient Nutrition Order

Patient's legal name:_____ Date: _____

Phone:_____ DOB: _____ Sex: ☐ Male ☐ Female

Address: _____

_____

Father/mother: _____ Language patient speaks (if not English): _____

Primary insurance: _____ Secondary insurance: _____

Diagnosis: _____

Reason for medical nutrition therapy:

☐ Failure to thrive/weight loss

☐ Overweight/obesity

☐ Food allergies (specify): _____

☐ Other _____

Patient information:

Height: _____ Circle: cm or in

Weight: _____ Circle: kg or lbs

BMI:_____

Medications: _____

Pertinent labs: Trig_____ Chol _____ HDL _____ LDL _____ Insulin ____ Glucose____ BP _____

When faxing referrals:
Please include additional pertinent information and provider notes.

Ordering physician signature: _____

Ordering physician print name: _____

Address: _____

Referral contact: _____

Phone:_____ Fax: _____