

LifeQuality, Inc.
Nutrition Consulting

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www.LifeQualityRD.net
(951) 750-0085 – appointments



Nutrition Counseling
Medical Nutrition Therapy
Referral Form*

Patient Name:	Patient DOB:
Patient Diagnoses:	ICD-10 codes:
Patient home phone number: ()	Patient cell phone number: ()
Labs and/or progress notes accompany this referral form? (Circle one)	
Yes No	
Insurance Type: HMO/PPO/MEDICARE/IEHP (please circle one)	
Patient Insurance Provider:	
Referring Physician: (please print or use stamp)	Physician Phone Number: ()
Physician Signature:	Physician NPI number: (for billing purposes only)

*This referral authorizes one initial and two follow-up medical nutrition therapy appointments.

Please fax this completed form and attachments to (951) 278-8665
prior to handing referral form to patient.

Thank you!



To reach the dietitian directly, please call (951) 317-7657, and kindly call during business hours only please.