Food For Thought
healing with food+love

Welcome Home Nutrition Referral Form

Fax this form and patient's recent discharge summary to:
(707) 887-1440 (HIPAA Compliant)
Questions: Call Client Services at (707) 887-1647 ext. 127

Consent to Release Information

I authorize my medical providers and referring party to release information about my medical condition to Food For Thought for the purpose of enrolling in and receiving food bank services.

Patient Name: _____ Date of Birth: _____/_____/_____

☐ Patient Discharge date ____/____/_____ (must be referred within two weeks of discharge)

☐ DETERMINE Nutrition Risk Assessment score ≥ 6. Score: _____

☐ Interested in program ☐ Reliable communication ☐ Able to store and prepare food

Patient signature _____ Date _____

Patient Information

Address _____ City/Town: _____ Zip: _____
Phone: _____ Okay to leave a message? ☐ Yes ☐ No

Gender: ☐ Female ☐ Male ☐ Transgender ☐ Other _____

Primary language: ☐ English ☐ Spanish ☐ Other _____

Emergency contact: _____ Phone: _____ Relationship: _____

Reason for hospitalization: _____

Length of hospital stay_____ Current health status _____

Insurance:_____ Medi-Cal number (if applicable)_____

Primary doctor / medical home _____

Risk factors: ☐ Living alone or w/o care ☐ Unable to prepare food ☐ Unstable Housing

☐ Mental health condition_____ ☐ Other _____

☐ Patient on Dialysis ☐ Patient is a high utilizer

Referrer Information

Name of Referrer / Title _____/_____

Name of hospital or health center_____ Phone _____

☐ **I have assessed this patient's eligibility and received their consent to be referred.**

Referrer's signature_____ Date_____

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DETERMINE Nutrition Risk Assessment

Circle the number in the "Yes" column for those that apply. Add the circled numbers to get total score

	YES
I have an illness or condition that made me change the kind and/or amount of food I eat	2
I eat fewer than two meals a day.	3
I eat few fruits, vegetables, or milk products.	2
I have three of more drinks of beer, liquor, or wine every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take three or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained ten pounds in the last six months	2
I am not always physically able to shop, cook, and/or feed myself.	2
TOTAL	

Nutritional Health Score:
0–2: Good; 3–5: Moderate Nutrition Risk; 6 or More: High Nutritional Risk

DETERMINACIÓN de salud nutricional

Si la frase es pertinente a su situación, encierre en un círculo el número en la columna "si". Sume los números marcados para obtener su puntaje total de riesgo nutricional.

	SÍ
Tengo una enfermedad o un padecimiento que me hizo cambiar el tipo o la cantidad de comida que como.	2
Como menos de dos comidas al día.	3
Como pocas frutas o verduras, o pocos productos lácteos.	2
Tomo tres o más cervezas, cocteles o vinos casi todos los días.	2

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Tengo problemas de los dientes o de la boca que me dificultan poder comer.	2
No siempre tengo suficiente dinero para comprar los alimentos que necesito.	4
Como solo la mayor parte del tiempo.	1
Tomo tres o más distintos medicamentos recetados o sin receta al día.	1
Sin querer hacerlo, he bajado o aumentado diez libras en los últimos seis meses.	2
No siempre me encuentro en condiciones físicas para ir de compras, cocinar o alimentarme.	2
TOTAL	

Puntaje de salud nutricional:
0–2 Buena; 3–5 Riesgo Nutricional Moderado; 6 ó Más Alto Riesgo Nutricional