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):			
Reason for referral:			
Notes:			

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*)

Follow-up/Outcome:

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
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