



# Authorisation for Dietitian Referral

Facility Name: .....

Street Address .....

.....

Email : .....

Phone no: .....

Mobile: .....

Name of Sender: .....

Date: .....

Subject: **Authorisation for Dietitian Referral**

The following residents are being referred for Dietitian Assessment:

Name: ..... NHI:.....

Name: ..... NHI:.....

Name: ..... NHI:.....

Name: ..... NHI:.....

**Aged Care Dietitians terms:**

- We will provide an experienced New Zealand Registered Prescribing Dietitian to assess your residents at the next scheduled visit.
- Visits will be scheduled in advance within a mutually agreed time frame.
- Evidence based nutrition guidelines will be used when making recommendations.
- All our Dietitians have indemnity cover.
- The Dietitian will document in the clinical record and provide an individualised nutrition care plan.
- The Dietitian will apply for and prescribe an appropriate nutrition supplement if this is clinically indicated and the resident meets the Pharmac criteria.

**Fees:**

- Call-out fee \$50-00 (per visit, not per resident)
- Initial assessment (new patient) \$150-00 per resident – this includes first specialist assessment, detailed documentation, provision of an individualised nutrition care plan, liaison with nursing and food service staff, Special Authority Application as appropriate.
- Review assessments will be scheduled as clinically indicated @ \$100/review.
- Residents will be fully assessed prior to Special Authority application or renewal.
- All fees exclude GST.
- Fees are payable on the 20<sup>th</sup> of the month. Interest will be charged on overdue accounts.

Please complete a referral for each resident to be reviewed, scan and email to [sandra@dietitianz.com](mailto:sandra@dietitianz.com)

Authorised by:

Name: ..... Position:.....

Signature: ..... Date: .....