



Macon County
Public Health
Medical Nutrition Therapy
MNT

Take control of your health. Macon County Public Health can give you tools to bring balance to your diet & lifestyle. Our Registered Dietitians can help today with advanced techniques in Medical Nutrition Therapy.

Personal Service. Simple Solutions. Professional Care.

A Dietitian Can Help You

Lose Weight
Lower Blood Pressure
Improve Cholesterol
Manage Diabetes
Lower Cancer Risk
Manage Kidney & Digestive Diseases
Plan a Balanced Diet around Food Allergies
Achieve Optimal Nutrition for Athletes
And More!



Get Started Today!

1. Have your doctor complete the attached referral form
2. Fax, mail, or drop off referral form to MCPHC

Many insurance plans cover the cost of MNT.

If your insurance does not cover the service, costs are based on income.

Contact us for more information:

Jessi Bassett, RD, LDN
828-349-2086

Medical Nutrition Therapy REFERRAL FORM



Macon County
Public Health

Today's Date: _____

Patient Name: _____

Insurance: _____

Phone: _____ (Mobile) _____ (Home) _____ (Work)

SS#: _____ DOB: _____

Parent/Guardian: _____

Height: _____ Weight: _____ Growth Chart %: _____

Language Barriers/Interpretation needed: _____

Indicate One or More Reasons for Referral:

Documented history of relative with cardiovascular disease

Inappropriate growth/weight gain

Nutritional Anemia

Physical Conditions that impact growth

Chronic or prolonged infection

Genetic Conditions that affect growth

Metabolic Syndrome/Type 2 diabetes

Chronic Medical Conditions

Eating/feeding Disorder

Metabolic Disorders

Non-healing Wounds

Acute Burns

Pregnancy related condition

Other: _____ (Please Specify)

Recent Labs: (Please attach most recent visit notes and/or available labs)

I hereby certify that I have seen the beneficiary and assessed his/her medical condition(s) that are requiring medical nutrition therapy to improve the patient's quality of life and that the above prescribed training is a necessary part of management. (Medicare patients)

Provider's Signature: (Required) _____

Macon County Public Health Center

Contact: **Jessi Bassett, RD, LDN**

Phone: **(828) 349-2086**

Fax Referral To: **(828) 524-6154**

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Accredited by the NC Local Health Department Accreditation Board