



**PHYSICIAN RELEASE FORM
FOR NUTRITIONAL CONSULTATION**

The Wellness Community has received a grant to provide nutritional assessment and counseling to patients and survivors with a cancer diagnosis. This counseling consists of an individual, private session with Julie Noel, RD, LD - a licensed, registered dietician with over 20 years of experience, including experience with cancer patients.

Our intention is to provide participants with an assessment of their current nutritional practices along with information on how to improve those practices to enhance the possibility of recovery.

Your patient, _____ has elected to participate in this program. By signing below, you are giving permission to your patient to participate.

Please list any dietary or nutritional instructions you have given this patient and to which you prefer he/she adhere:

My patient, _____ has my permission to participate in The Wellness Community of Greater St. Louis's nutritional counseling program, with attention given to any instructions I have described above.

Physician Name (please print): _____

Physician Signature: _____

Affiliation/Institution: _____

Office Phone: _____

Please fax this form to: 314-909-9900

Attention: Charli Prather