



Community Servings Referral Form

This is a referral form for Community Servings' services. Please complete this form in full and submit via secure fax to 617.522.7770 to the attention of Jessica or secure email to research@servings.org. The referral will be reviewed for eligibility and the applicant contacted to confirm next steps.

APPLICANT INFORMATION

| | | |
|------------------------------------|------------------|----------|
| First and Last Name | Date of Birth | |
| Address (include Apartment Number) | State | Zip code |
| Primary Phone Number | Primary Language | |
| Email (if available) | | |

DIAGNOSTIC CRITERIA (Required - most recent)

| | | |
|---------------------------|--------------------|---------------|
| Height: _____ | Weight: _____ | BMI: _____ |
| Type 2 DM (HgbA1c): _____ | CKD (stage): _____ | Cancer: _____ |

REFERRAL CONTACT INFORMATION (person completing this form)

| | |
|--------------|-------|
| Name | Title |
| Phone Number | Email |

May we contact you regarding any issues that may arise concerning this applicant? yes no

I certify that the information here is accurate, that I have spoken with this applicant and that they have provided verbal consent allowing the release of their contact and medical information to determine eligibility for the Community Servings' services.

Signature and Date

Questions? Call 617.522.7777 and ask to speak to Jessica Burch