

Rooted in the belief that food is medicine, CHEF is a Culinary Health Education program that teaches children and families common sense nutrition and practical cooking skills. Through engaging, hands-on experiences, CHEF educates and inspires individuals to adopt and sustain healthy eating habits.

REFER A PATIENT

- Please fax the completed form to 210-704-2375, Attention: CHEF
- Please **DO NOT** send medical records. If medical records are needed, we will request them.

PATIENT INFORMATION (PLEASE PRINT)

Patient Name:	Birt	h Date:	SS#:	
Home Phone:	Wo	rk/Mobile Phone:	Gender: Male Female	
Address:				
City:		te:	ZIP Code:	
Preferred Language:		aring or Visually Impaired:	Hearing Visually	
Ethnicity: Hispanic Not Hispanic	Other C	ce: American Indian/Alaska N Native Hawaiian/Pacific Is Declined		
Name of Guardian:	Relationship to Patient:		Phone Number: E-Mail:	
Please answer the following questions:				
Does the patient have special dietary restrictions or requirements?				
Does the patient have limitations with motor skills?				
Does the patient have any cultural or religious needs?				
Are there any financial barriers to consider?				
Does the patient have any cognitive learning impediments?				
REFERRING PHYSICAN INFORMATION				
Referring Physician's Name (Last, First):		Contact Name:	Contact Name:	
Office Address:		E-mail Address:	E-mail Address:	
City:		State:	State:	
Phone Number:		Fax Number:	Fax Number:	
CLASS REQUEST				
Requested Class Type: Obesity Type 2 Diabetes Other				

QUESTIONS? Contact CHEF at 210-704-3391. You will receive confirmation once the appointment is scheduled. Thank you for referring to CHEF.

The Children's Hospital

of San Antonio" **CHRISTUS Health**