



Bowral Nutrition

Email completed form to: bowralnutrition@gmail.com

Care organisation referral

Client Details

First Name

Last Name

Date of Birth

Phone number

Email

Street address

Town

State

Postcode

Client Representative Details (If Applicable)

First Name

Last Name

Relationship to client

Phone number

Email

Street address

Town

State

Postcode

Organisation Details

Client reference/customer number (if applicable):

Organisation full legal name for invoices:

Accounts payable contact name:

Accounts payable contact phone number:

Accounts payable contact email:

Referrer Details (Person Making the Referral)

First name

Last name

Agency

Role

Email

Phone

☐ I have obtained consent from the participant to make this referral and provide Bowral Nutrition with the participant's personal and diagnostic/medical details.

Reason For Referral (list client health concerns)

Services required (our rate for 2025-2026 is \$188.99/hour)

Please request an official quote by ticking this box ☐

☐ Initial individual nutrition assessment and report (1 hour assessment + 1 hour report-writing & correspondence + max 60 minutes travel charged at hourly rate if applicable)

☐ Individual nutrition education session delivery, **no assessment or reporting required** (charged at hourly rate, minimum 1 hour engagement + max 60 minutes travel charged at hourly rate if applicable).

☐ Group nutrition education session. Minimum 2-hour engagement. Max 60 minutes travel charged at hourly rate if applicable)

If you have ticked nutrition education sessions, please select from the following topics, or request something tailored by writing in the space below:

☐ Food and mood/behaviour in disability

☐ Extreme picky eating: how to help your clients meet their nutrient requirements – GROUP only

☐ Meeting your nutrition requirements on a budget

☐ Bone health for >51 year old adults

☐ Healthy eating for weight management (for clients currently above a healthy weight)

☐ Eating to prevent / manage (please circle one) Type 2 Diabetes Heart health

☐ Eating to prevent / treat (please circle one) malnutrition and unintentional weight loss

☐ Healthy aging: Addressing the important nutrients, affordably

☐ Nutrition education for parents/carers/supports of neurodivergent people

☐ Specific disability nutrition education. Please list the condition here:

☐ Other. Please comment with your requirements below