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Make a Referral

This form is for healthcare providers, therapists, coaches, or individuals submitting a referral. Referrals may be submitted using this form or by fax to 1-616-376-6920. Please complete as much information as available. Missing details can be provided later.

Client/Patient Information

Please provide client/patient information below.

If you are the referring provider, you may enter your role (e.g., physician, coach, therapist) under 'Relationship.'

Legal first name

Last name

Relationship

Home Phone

Mobile Phone

Email Address

Client/patient state of residence

Provider Information

Please complete information below

Title	Legal first name	Last name
Work Phone	Mobile Phone	Fax Number
Email Address		
Occupation		

Provider state of residence or practice location

Reason for Referral

Are you referring for a Decision Lab and/or Health Strategy Session?

Decision Labs: Available nationwide.

Health Strategy Sessions: Available in AZ, CO, FL, IN, KY, MI, NY, OR, PA, TX, VA, WV, WI.

Decision Lab (structured support for complex or uncertain health decisions)

Health Strategy Session (comprehensive health planning, including nutrition counseling / MNT as appropriate)

Not sure / help me decide

Briefly describe the situation, goals, or decisions the client/patient needs support with