

## REFERRAL FOR OUTPATIENT NUTRITION SERVICES

Required patient information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address: \_\_\_\_\_

Patient Insurance Policy: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**PLEASE FAX the most recent and relevant clinical information, physician notes and labs, (such as hemoglobin A1C, lipid profile, blood pressure, growth curves, allergy panels).**

**SUGGESTED NUTRITION PRESCRIPTION: Please check ALL that apply.**

- Weight Loss/Reduced Calorie      Diabetic Diet      Carbohydrate Counting  
 Heart Healthy      Low Potassium      Low Phosphorous      Plant-based/Vegan  
 Other, please specify: \_\_\_\_\_

**Primary Language**

- English      Spanish  
 Other: \_\_\_\_\_

**CLINICAL INFORMATION: Please check ALL applicable reasons for referral. Write in any additional diagnoses with ICD-10 codes.**

<p><b>DIABETES AND ENDOCRINE</b></p> <p> <input type="checkbox"/> E11.9 Diabetes, Type 2*  <input type="checkbox"/> E10.9 Diabetes, Type 1*  <input type="checkbox"/> O24.419 Gestational Diabetes*  <input type="checkbox"/> R73.09 Abn bld glu/ pre-diabetes  <input type="checkbox"/> E63.0 EFA deficiency  <input type="checkbox"/> E88.81 Dysmetabolic Syndrome  <input type="checkbox"/> E16.2 Hypoglycemia, unspec.                  Other diabetes diagnosis (specify) _____    <input type="checkbox"/> E03.9 Hypothyroid (acquired)    <p><b>LIPID AND CARDIOVASCULAR:</b></p> <input type="checkbox"/> E78.0 Hypercholesterolemia  <input type="checkbox"/> E78.1 Hypertriglyceridemia  <input type="checkbox"/> E78.5 Hyperlipidemia, unspec.  <input type="checkbox"/> I10 Hypertension, unspec.  <input type="checkbox"/> I125.10 Cardiovascular disease                  Other cardiovascular diagnosis (specify): _____             </p>	<p><b>PREGNANCY:</b></p> <p> <input type="checkbox"/> O99.210 Obesity complicating pregnancy UNSPECIFIED trimester  <input type="checkbox"/> O99.211 Obesity complicating... First trimester  <input type="checkbox"/> O99.212 Obesity complicating... Second trimester  <input type="checkbox"/> O99.213 Obesity complicating... Third trimester    <p><b>HYPERTENSION COMPLICATING PREGNANCY:</b></p> <input type="checkbox"/> O16.9 Hypertension complicating pregnancy UNSPECIFIED trimester  <input type="checkbox"/> O16.1 Hypertension complicating... First trimester  <input type="checkbox"/> O16.2 Hypertension complicating... Second trimester  <input type="checkbox"/> O16.3 Hypertension complicating... Third trimester  <input type="checkbox"/> O13.9 Hypertension complicating...                  GESTATIONAL PREGNANCY INDUCED UNSPECIFIED             </p>	<p><b>BASIC NUTRITION:</b></p> <p> <input type="checkbox"/> Z71.3 Nutr Counseling, surveillance  <input type="checkbox"/> O99.810 Pregnancy - Glucose    <p><b>WEIGHT CONTROL:</b></p> <input type="checkbox"/> E66.9 Obesity, unspec. (BMI 30-39.9)  <input type="checkbox"/> E66.0 Obesity, morbid (BMI ≥ 40)  <input type="checkbox"/> E66.3 Overweight (BMI 25-29.9)    <p><b>RENAL:</b></p> <input type="checkbox"/> N18.1 CKD (stage I)  <input type="checkbox"/> N18.2 CKD (stage II)  <input type="checkbox"/> N18.3 CKD (stage III)*  <input type="checkbox"/> N18.4 CKD (stage IV)*  <input type="checkbox"/> N18.5 CKD (stage V)*  <input type="checkbox"/> N18.9 ESRD requiring chronic dialysis                  Other renal diagnosis: _____             </p>	<p><b>GASTROINTESTINAL AND LIVER:</b></p> <p> <input type="checkbox"/> K50.90 Regional enteritis (Crohn's)  <input type="checkbox"/> K51.90 Ulcerative Colitis  <input type="checkbox"/> K90.0 Celiac Disease  <input type="checkbox"/> K90.49 Intestinal malabsorption of fat/protein  <input type="checkbox"/> K57.90 Diverticulosis  <input type="checkbox"/> K57.92 Diverticulitis  <input type="checkbox"/> K74.60 Nonalcoholic Cirrhosis  <input type="checkbox"/> K76.9 Unspec. Chronic Liver Disease  <input type="checkbox"/> K76.0 Nonalcoholic Fatty Liver  <input type="checkbox"/> K21.9 Reflux/GERD  <input type="checkbox"/> K74.69 Cirrhosis - Nutritional  <input type="checkbox"/> K58.9 Irritable Bowel  <input type="checkbox"/> K58.0 Irritable Bowel w/ diarrhea                  Other GI diagnosis: _____  <p><b>MALNUTRITION:</b></p> <input type="checkbox"/> E46 Malnutrition, unspec.  <input type="checkbox"/> R6251 Failure to Thrive - Child  <input type="checkbox"/> E73.9 Lactose Intolerance                  Other: _____             </p>
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Other diagnoses: \_\_\_\_\_

\* Medicare approved codes for MNT

**Physician information:** I have referred the above patient to Jessica S. Bickford for nutrition counseling:

Physician Name: \_\_\_\_\_ NPI#: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Physician Signature (REQUIRED)** \_\_\_\_\_ **Date:** \_\_\_\_\_

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