



REFERRAL FOR OUTPATIENT NUTRITION SERVICES

Name: _____ DOB: _____

Telephone: [C] _____ [H] _____

Address: _____

Patient insurance policy: _____ Email address: _____

Please fax any information you think may be relevant to patient care. This may include clinical information, physician notes, labs, etc. such as HbA1C, lipid profile, BP, allergy panel, and current medications.

Clinical information: Check ALL that apply

<p>Diabetes/Endocrine:</p> <p><input type="checkbox"/> E11.9 Diabetes, Type 2</p> <p><input type="checkbox"/> E10.9 Diabetes, Type 1</p> <p><input type="checkbox"/> O24.219 Gestational Diabetes</p> <p><input type="checkbox"/> R73.09 Abn bld glu/ pre-diabetes</p> <p><input type="checkbox"/> E16.2 Hypoglycemia, unspec. Other diabetes diagnosis (specify) _____</p> <p><input type="checkbox"/> E03.9 Hypothyroid (acquired)</p> <hr/> <p>Lipid/Cardiovascular:</p> <p><input type="checkbox"/> E78.0 Hypercholesterolemia</p> <p><input type="checkbox"/> E78.1 Hypertriglyceridemia</p> <p><input type="checkbox"/> E78.5 Hyperlipidemia, unspec.</p> <p><input type="checkbox"/> I10 Hypertension, unspec.</p> <p><input type="checkbox"/> I25.10 Cardiovascular disease</p> <p><input type="checkbox"/> Other cardiovascular diagnosis (specify) _____</p> <p>Other diagnoses: _____</p>	<p>Pregnancy:</p> <p><input type="checkbox"/> 099.210 Obesity complicating pregnancy UNSPECIFIED trimester</p> <p><input type="checkbox"/> 099.211 Obesity complicating... First trimester</p> <p><input type="checkbox"/> 099.212 Obesity complicating... Second trimester</p> <p><input type="checkbox"/> 099.213 Obesity complicating... Third trimester</p> <hr/> <p>Hypertension complicating pregnancy:</p> <p><input type="checkbox"/> 016.9 Hypertension complicating pregnancy UNSPECIFIED trimester</p> <p><input type="checkbox"/> 016.1 Hypertension complicating ... First trimester</p> <p><input type="checkbox"/> 016.2 Hypertension complicating Second trimester</p> <p><input type="checkbox"/> 016.3 Hypertension complicating Third trimester</p> <p><input type="checkbox"/> 013.9 Hypertension complicating... GESTIONAL PREGNANCY INDUCED UNSPECIFIED</p> <p>MISC. GENERAL</p> <p><input type="checkbox"/> A69.20 Lyme disease</p>	<p>Basic Nutrition:</p> <p><input type="checkbox"/> Z71.3 Nutr Counseling, surveillance</p> <p><input type="checkbox"/> 099.810 Pregnancy-Glucose</p> <p>Weight Control</p> <p><input type="checkbox"/> E66.9 Obesity, unspec. (BMI 30-39.9)</p> <p><input type="checkbox"/> E 66.0 Obesity, morbid (BMI ≥40)</p> <p><input type="checkbox"/> E66.3 Overweight (BMI 25-29.9)</p> <hr/> <p>Renal:</p> <p><input type="checkbox"/> N18.1 CKD (stage I)</p> <p><input type="checkbox"/> N18.2 CKD (stage II)</p> <p><input type="checkbox"/> N18.3 CKD (stage III)</p> <p><input type="checkbox"/> N18.4 CKD (stage IV)</p> <p><input type="checkbox"/> N18.5 CKD (stage V)</p> <p><input type="checkbox"/> N18.9 ESRD requiring chronic dialysis</p> <p>Other renal Diagnosis: _____</p> <hr/> <p>Misc. Women:</p> <p><input type="checkbox"/> E28.2 PCOS- Polycystic ovary(ies)</p> <p><input type="checkbox"/> Z78.0 Menopause (asymptomatic)</p> <p><input type="checkbox"/> O92.3 Lactation-Failed production</p> <p><input type="checkbox"/> O92.4 Lactation- Partial production</p>	<p>Gastrointestinal/Liver:</p> <p><input type="checkbox"/> K50.90 Regional enteritis (Crohn's)</p> <p><input type="checkbox"/> K51.90 Ulcerative Colitis</p> <p><input type="checkbox"/> K90.0 Celiac Disease</p> <p><input type="checkbox"/> K57.90 Diverticulosis</p> <p><input type="checkbox"/> K57.92 Diverticulitis</p> <p><input type="checkbox"/> K74.60 Nonalcoholic Cirrhosis</p> <p><input type="checkbox"/> K76.9 Unspec. Chronic Liver Disease</p> <p><input type="checkbox"/> K76.0 Nonalcoholic Fatty Liver</p> <p><input type="checkbox"/> K21.9 Reflux/GERD</p> <p><input type="checkbox"/> K74.69 Cirrhosis - Nutritional</p> <p><input type="checkbox"/> K58.9 Irritable Bowel</p> <p><input type="checkbox"/> K58.0 Irritable Bowel w/diarrhea</p> <p>Other GI Diagnosis: _____</p> <hr/> <p>Malnutrition and Allergy:</p> <p><input type="checkbox"/> E46 Malnutrition, unspec.</p> <p><input type="checkbox"/> R6251 Failure to Thrive - Child</p> <p><input type="checkbox"/> T781.XXA Food Allergy- Initial visit</p> <p><input type="checkbox"/> T781.XXD Food Allergy- Subs. visit</p> <p><input type="checkbox"/> T781.XXS Food Allergy - Sequela</p> <p><input type="checkbox"/> E73.9 Lactose Intolerance</p> <p>Other: _____</p>
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Physician name: _____ NPI #: _____

Telephone: _____ Fax: _____

Physician signature **REQUIRED:** _____ Date: _____

****Confidentiality Notice**** This transmission may contain confidential and privileged information. Please convey to the attention of the intended recipient immediately if you received this in error. Please notify us by telephone and destroy original message.