



REFERRAL FOR OUTPATIENT NUTRITION SERVICES

Name: _____ DOB: _____

Telephone: [C] _____ [H] _____

Address: _____

Patient insurance policy: _____ Email address: _____

Please fax the most recent and relevant clinical information, physician notes, labs, etc. such as HbA1C, lipid profile, BP, growth curves, allergy panel, and current medications.

Suggested nutrition prescription: Check ALL that apply

Anti-inflammatory [general health, heart health, cancer prevention, weight control] Low-glycemic Plant-based vegan Low-FODMAP

Additional considerations: Low-histamine Gluten-free Dairy-free Nut-free Other: _____

Clinical information: Check ALL that apply

Diabetes/Endocrine: <input type="checkbox"/> E11.9 Diabetes, Type 2 <input type="checkbox"/> E10.9 Diabetes, Type 1 <input type="checkbox"/> O24.219 Gestational Diabetes <input type="checkbox"/> R73.09 Abn bld glu/ pre-diabetes <input type="checkbox"/> E16.2 Hypoglycemia, unspec. Other diabetes diagnosis (specify) _____ <input type="checkbox"/> E03.9 Hypothyroid (acquired)	Pregnancy: <input type="checkbox"/> 099.210 Obesity complicating pregnancy UNSPECIFIED trimester <input type="checkbox"/> 099.211 Obesity complicating... First trimester <input type="checkbox"/> 099.212 Obesity complicating... Second trimester <input type="checkbox"/> 099.213 Obesity complicating... Third trimester	Basic Nutrition: <input type="checkbox"/> Z71.3 Nutr Counseling, surveillance <input type="checkbox"/> 099.810 Pregnancy-Glucose Weight Control <input type="checkbox"/> E66.9 Obesity, unspec. (BMI 30-39.9) <input type="checkbox"/> E 66.0 Obesity, morbid (BMI ≥40) <input type="checkbox"/> E66.3 Overweight (BMI 25-29.9)	Gastrointestinal/Liver: <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"/> 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: _____
Lipid/Cardiovascular: <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"/> I25.10 Cardiovascular disease <input type="checkbox"/> Other cardiovascular diagnosis (specify) _____	Hypertension complicating pregnancy: <input type="checkbox"/> 016.9 Hypertension complicating pregnancy UNSPECIFIED trimester <input type="checkbox"/> 016.1 Hypertension complicating ... First trimester <input type="checkbox"/> 016.2 Hypertension complicating Second trimester <input type="checkbox"/> 016.3 Hypertension complicating Third trimester <input type="checkbox"/> 013.9 Hypertension complicating... GESTIONAL PREGNANCY INDUCED UNSPECIFIED	Renal: <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: _____	Malnutrition and Allergy: <input type="checkbox"/> E46 Malnutrition, unspec. <input type="checkbox"/> R6251 Failure to Thrive - Child <input type="checkbox"/> T781.XXA Food Allergy- Initial visit <input type="checkbox"/> T781.XXD Food Allergy- Subs. visit <input type="checkbox"/> T781.XXS Food Allergy - Sequela <input type="checkbox"/> E73.9 Lactose Intolerance Other: _____
Other diagnoses: _____			

Physician name: _____ NPI #: _____

Telephone: _____ Fax: _____

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

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