



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

Physician name: _____ NPI #: _____
Telephone _____ Fax: _____
Physician signature REQUIRED: _____ Date: _____

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