

**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, allergy panel, and current medications.

**Suggested nutrition prescription: Check ALL that apply**

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

Additional considerations:  Low-histamine  Gluten-free  Dairy-free  Nut-free Other: \_\_\_\_\_

**Clinical information: Check ALL that apply**

<p><b>Diabetes/Endocrine:</b></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><b>Lipid/Cardiovascular:</b></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><b>Pregnancy:</b></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><b>Hypertension complicating pregnancy:</b></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><b>MISC. GENERAL</b></p> <p><input type="checkbox"/> A69.20 Lyme disease</p>	<p><b>Basic Nutrition:</b></p> <p><input type="checkbox"/> Z71.3 Nutr Counseling, surveillance</p> <p><input type="checkbox"/> 099.810 Pregnancy-Glucose</p> <p><b>Weight Control</b></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><b>Renal:</b></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><b>Misc. Women:</b></p> <p><input type="checkbox"/> E28.2 PCOS- Polycystic ovary(ies)</p> <p><input type="checkbox"/> Z78.0 Menopause (asymptomatic)</p>	<p><b>Gastrointestinal/Liver:</b></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><b>Malnutrition and Allergy:</b></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: \_\_\_\_\_

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