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Referral for Medical Nutrition Therapy (MNT)

Date:	Patient name:
Day time phone number:	Insurance: (Attach copy of front & back of card)
DOB:	Home address: Zip:

Above is referred for *medical nutrition therapy as a necessary part of medical treatment* and prevention of complications for diagnoses listed.

Referral Needs: ☐ New Diagnosis ☐ New treatment plan ☐ New complication

Special Needs: ☐ Language ☐ Hearing/Speech/Vision ☐ Learning/Processing

☐ Other:

✓ **Check all diagnoses that apply to this referral**

✓	ICD-10	ICD-10 Description	✓	ICD-10	ICD-10 Description
☐	E10.___	Type 1 diabetes mellitus	☐	N18.____	Chronic kidney disease-(3a,3b,4,5)___
☐	E11.___	Type 2 diabetes mellitus	☐	I10	Essential (primary) Hypertension
☐	E66.0	Obesity d/t excess calories	☐	I11._____	Hypertensive heart disease_____
☐	E66.01	Morbid obesity d/t excess calories	☐	I25	Chronic ischemic heart disease
☐	E66.3	Overweight	☐	I50	Heart Failure
☐	E66.8	Other obesity	☐	K21.__	Gastroesophageal reflux disease w/ or w/o esophagitis
☐	E66.9	Obesity, unspecified	☐	K50.____	Crohn's disease of_____
☐	R73.03	Pre-Diabetes	☐	K52.2	Allergic and dietetic gastroenteritis and colitis
☐	E28.2	Polycystic ovarian syndrome	☐	K57.____	Diverticulosis of _____
☐	E78.0	Pure Hypercholesterolemia	☐	K58	Irritable bowel syndrome(IBS)
☐	E78.1	Pure Hypergylceridemia	☐	K90.0	Celiac disease
☐	E78.4	Other hyperlipidemia	☐	Z68.1	BMI 19 or less, Adult
☐	E78.5	Hyperlipidemia, unspecified	☐	E43	Unspecified severe protein-calorie malnutrition
☐	E88.81	Metabolic Syndrome	☐	E44.0	Moderate protein-calorie malnutrition
☐		Other:	☐	E44.1	Mild protein-calorie malnutrition

✓ **Lab work** (Please attach or complete) BP ____/ ____

Hct/ Hgb	FBS &/or pc	Hgb A1c	Total Chol	HDL LDL	Non HDL	Trig	Ua Micro Albumin/Cr	BUN/ Cr	EGFR	Na/K	Phos/ PTH	Vit D

✓ **Exercise/Activity Plan**

☐ **Release:** may walk 20-30 min 5-7 x/week or _____

☐ **Not Released:** _____

✓ **Medications** – Please attach list

Physician signature X_____MD/DO Phone _____

NPI: _____ _____ Fax _____

Print MD/DO Name

The information requested above is Protected Health Information (PHI), and is the minimum necessary to execute delivery of patient services. Please understand as a link in the "Chain of Trust", all PHI will remain confidential as mandated by the Treatment, Payments, and Healthcare Operation Laws mandated by HIPAA.