

Referral for Medical Nutrition Therapy

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|--|----------------|-------------------------------|
| Date: | Patient Name: | DOB: |
| Patient phone number: | Insurance/ ID: | Medical Record Number: |
| Referring Physician: | Phone number: | NPI: |
| Height: _____ | Weight: _____ | Waist circumference: _____ |
| Requested Service: _____ Initial MNT (97802) _____ Follow-up MNT (97803) | | Gender: _____ |
| | | Hours of MNT requested: _____ |

| Medical Diagnosis (Check all that apply below) | | | | |
|---|---------|---|--------|---|
| *Required for MNT and Insurance billing | | | | |
| | ICD-10 | Endocrine/ Metabolic/ Nutritional | ICD-10 | Digestive system |
| | E11.9 | Diabetes II/ no complications | K59 | Constipation |
| | E11.8 | Diabetes II/unspecified, uncontrolled | K59.1 | Functional diarrhea |
| | E10.9 | Diabetes I/ no complications | K58.0 | Irritable bowel syndrome (IBS), diarrhea |
| | E10.8 | Diabetes I/unspecified, uncontrolled | K58.1 | IBS, constipation |
| | E28.2 | Polycystic ovarian syndrome | K58.2 | IBS, mixed |
| | O24.410 | Gestational diabetes, diet controlled | K90.0 | Celiac disease |
| | O24.414 | Gestational diabetes, insulin controlled | K21.9 | GERD |
| | E74.9 | Other disorders of carbohydrate metabolism, unspecified | K52.2 | Allergic and dietetic gastroenteritis/colitis |
| | R73.09 | Prediabetes | K51.9 | Ulcerative colitis, unspecified |
| | E16.2 | Hypoglycemia, unspecified | K50.9 | Crohn's disease |
| | E03.9 | Hypothyroidism, unspecified | K29.5 | Chronic gastritis, unspecified |
| | E66.9 | Obesity, unspecified | K57.9 | Diverticulosis of colon |
| | E66.3 | Overweight | K82.9 | Unspecified disease of gall bladder |
| | E78.0 | Pure hypercholesterolemia | K76.0 | Fatty liver |
| | E78.1 | Pure hyperlipidemia | | Genitourinary System |
| | E78.2 | Mixed hyperlipidemia | N18.3 | Chronic kidney disease, stage III |
| | E78.8 | Disorders of lipoprotein metabolism | N18.4 | Chronic kidney disease, stage IV |
| | E88.81 | Metabolic syndrome | N18.5 | Chronic kidney disease, stage V |
| | E10.9 | Gout, unspecified | N18.9 | Chronic kidney disease, unspecified |
| | G47.33 | Obstructive sleep apnea | | Other |
| | | Circulatory System | L27.2 | Dermatitis due to ingested food |
| | I10 | Essential hypertension | Z71.3 | Nutritional counseling & surveillance |
| | I15.9 | Secondary hypertension | | BMI _____ |
| | I25 | Chronic ischemic heart disease | | Other: _____ |
| | I50 | Heart failure | | Other: _____ |

***Please attach current list of medications and labs**

Recommendations/ Goals:

Please fax form to: (210) 610-8218 / Contact: (210) 858-6668 / www.rdietitian.com

Physician Signature: _____ Date: _____