# NUTRITION SERVICES REFERRAL

## Dietz Nutritional Consulting, LLC

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**The Forum, 625 Piney Forest Road, Suite 306D, Danville, VA 24540**

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**PLEASE FAX COMPLETED REFERRAL with supporting documentation (medication list, recent clinic notes, and recent lab work (if available))**

**Patient's Name**: _____
Address: _____
Phone:_____ Sex: M ☐ F ☐ DOB: _____
Insurance plan: _____
ID#: _____
Referral Date:_____Pt. allowed to exercise: ☐ Yes ☐ No

**►PHYSICIAN DATA (REQUIRED)**
Name: _____
Address:_____
City: _____ State: _____ Zip:_____
Phone: _____ Fax:_____
**NPI:** _____ **Signature:** _____

**► SERVICES TO BE PERFORMED**

☐ Initial Medical Nutrition Therapy (MNT)
☐ Follow-Up Medical Nutrition Therapy
☐ Initial Prediabetes Nutrition Education / MNT
☐ Follow-up Prediabetes Nutrition Education / MNT
☐ Bariatric / Weight Loss Surgery MNT
☐ Weight Loss Counseling: Nutrition Behavior Change *with* Exercise
☐ Weight Loss Counseling: Nutrition Behavior Change *without* Exercise
☐ Blood Glucose Monitoring & Meter Instruction
☐ OTHER: _____

**► RX MEDICATIONS:** ☐ **list attached**
Diabetes: _____ Anti-Lipemic: _____
BP: _____ Diuretic: _____ Heart: _____

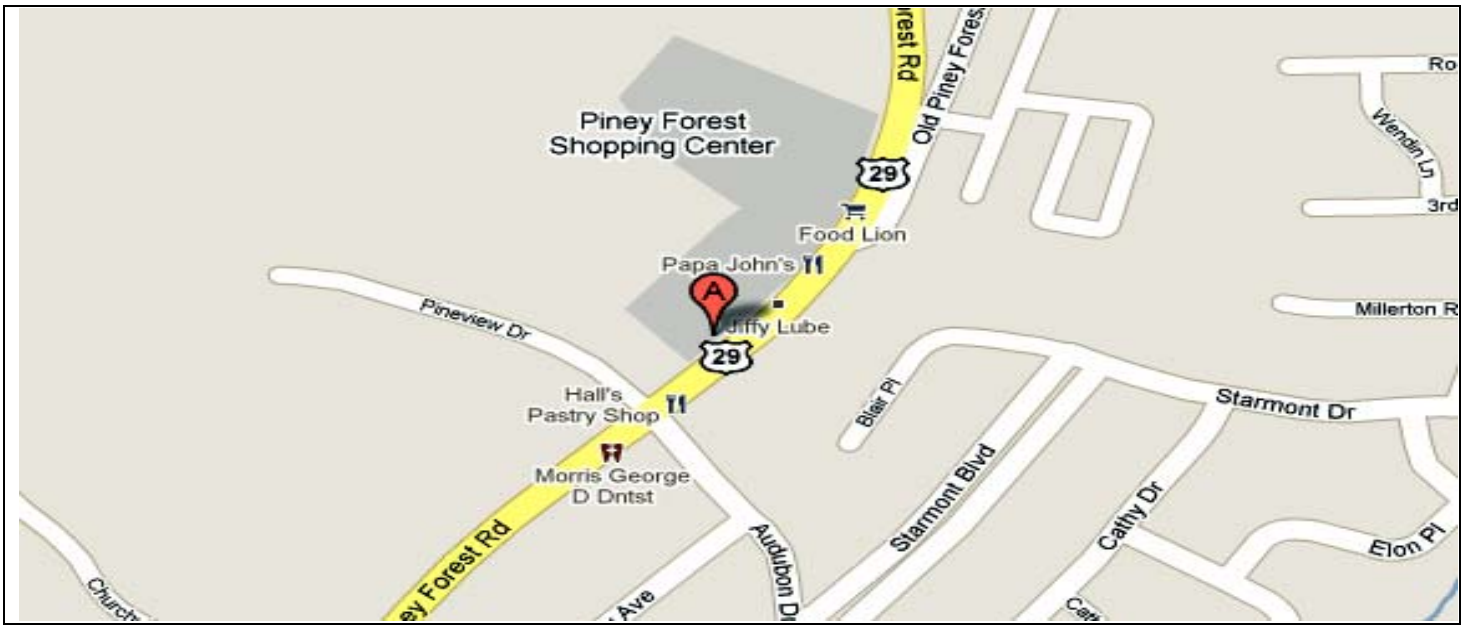
**► LABS:** ☐ **results attached**

A1c: _____ FBG:_____ BG:_____ Chol: _____ LDL-C: _____ HDL-C: _____ Trig: _____ BP: _____

**► DIAGNOSES (REASON FOR REFERRAL)** **CHECK ALL THAT APPLY FOR REIMBURSEMENT AND MEDICAL NECESSITY**

| | ICD-10 | CHRONIC KIDNEY DISEASE (CKD) | | ICD-10 | ENDOCRINE |
|---|---|---|---|---|---|
| ☐ | N181 | CKD, Stage 1 | ☐ | E109 | **Type 1 diabetes**, *without* complications |
| ☐ | N182 | CKD, Stage 2 (mild) | ☐ | E1065 | **Type 1 diabetes**, with hyperglycemia |
| ☐ | N183 | CKD, Stage 3 (moderate) | ☐ | E119 | **Type 2 diabetes**, *without* complications |
| ☐ | N184 | CKD, Stage 4 (severe) | ☐ | E1165 | **Type 2 diabetes**, with hyperglycemia |
| ☐ | N185 | CKD, Stage 5, unspecified | ☐ | O24419 | Gestational diabetes mellitus |
| | | **CARDIOVASCULAR** | ☐ | O99810 | Abnormal glucose complicating pregnancy |
| ☐ | I10 | Hypertension, essential (primary) | ☐ | E162 | Hypoglycemia, unspecified |
| ☐ | E780 | Hypercholesterolemia | ☐ | R7301 | IFG (FPG 100-125) |
| ☐ | E781 | Hypertriglyceridemia | ☐ | R7302 | IGT (2h PPG 140-199) |
| | | **GASTROINTESTINAL** | ☐ | E039 | Hypothyroidism, unspecified |
| ☐ | K900 | Celiac | ☐ | E282 | PCOS |
| ☐ | R197 | Diarrhea, unspecified | ☐ | E8881 | Metabolic syndrome |
| ☐ | K5900 | Constipation, unspecified | | | **WEIGHT and OTHER** |
| ☐ | K5090 | Crohn's disease, unspecified, without complications | ☐ | E669 | Obesity, unspecified (BMI 30-39) |
| ☐ | K5730 | Diverticulosis, without bleeding, perforation or abscess | ☐ | E6601 | Morbid (severe) obesity due to excess calories (BMI: ≥ 40) |
| ☐ | K219 | GERD, without esophagitis | ☐ | E663 | Overweight (BMI 25-29) |
| ☐ | K589 | IBS, without diarrhea | ☐ | R635 | Abnormal weight gain |
| | | | ☐ | F5000 | Anorexia Nervosa, unspecified |
| | | | ☐ | R634 | Abnormal weight loss |

OVER→




## Dietz Nutritional Consulting, LLC IS CONVENIENTLY LOCATED AT:

The Forum
625 Piney Forest Road
Suite 306D
Danville, VA 24540

### TO SCHEDULE AN APPOINTMENT:

Call (434) 548-0476

### FOR PATIENT USE:

**MY APPOINTMENT DATE IS: _____ AT: _____ (AM / PM)**

**PLEASE BRING THIS REFERRAL TO YOUR APPOINTMENT**
***** 24-HOUR NOTICE REQUIRED IF UNABLE TO KEEP SCHEDULED APPOINTMENT *****

### CHECKLIST OF ITEMS TO BE BROUGHT TO APPOINTMENT:

1) Medical insurance cards
2) List of all prescription medications and supplements (times taken and doses)
3) Copies of latest blood tests / labs (or have your physician fax to: (434) 791-3330)
4) This completed referral
5) Reading glasses, if needed
6) Blood glucose meter, if you have one **(*)**
7) Blood glucose log, if you have one **(*)**

**(*)** For patients being referred for diabetes management

### MEDICAL OFFICE STAFF:

This form is available on www.DietzDiets.com/resource.html

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