



# Referral for Medical Nutrition Therapy (MNT)

Please fax the following information to (855) 634-2216

### REQUIRED

- Signed MNT Referral
- Contact & Demographic Information
- Insurance Information

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Phone: \_\_\_\_\_

### OPTIONAL

- Most Recent Office Visit Note & Labs

Address: \_\_\_\_\_

\_\_\_\_\_

*Include all diagnoses that apply to this referral.*

| Diabetes & Metabolic Disorders                                       | Weight Management  |
|--|--|
| <input type="checkbox"/> E10.65 - Type 1 diabetes with hyperglycemia | <input type="checkbox"/> E66.3 - Overweight                                |
| <input type="checkbox"/> E11.65 - Type 2 diabetes with hyperglycemia | <input type="checkbox"/> E66.9 - Obesity, unspecified                      |
| <input type="checkbox"/> Z79.4 - Long term (current) use of insulin  | <input type="checkbox"/> R643.4 - Abnormal weight loss                     |
| <input type="checkbox"/> R73.01 - Impaired fasting glucose           | Cardiovascular   |
| <input type="checkbox"/> R73.03 - Pre-Diabetes                       | <input type="checkbox"/> I10 - Hypertension                                |
| <input type="checkbox"/> E28.2 - Polycystic ovarian syndrome         | <input type="checkbox"/> E78.5 - Hyperlipidemia, unspecified               |
| <input type="checkbox"/> E88.81 - Metabolic syndrome                 | Family History   |
| Chronic Kidney Disease   | <input type="checkbox"/> Z82.41 - Family history of sudden cardiac death   |
| <input type="checkbox"/> N18.31 - CKD, stage 3a                      | <input type="checkbox"/> Z82.49 - Family history of ischemic heart disease |
| <input type="checkbox"/> N18.32 - CKD, stage 3b                      | <input type="checkbox"/> Z83.3 - Family history of diabetes mellitus       |
| <input type="checkbox"/> N18.4 - CKD, stage 4                        | Additional ICD-10 Codes  |
| <input type="checkbox"/> N18.5 - CKD, stage 5                        | <input type="checkbox"/> Z71.3 - Dietary counseling and surveillance       |
| <input type="checkbox"/> N18.6 - End stage renal disease             | <input type="checkbox"/>   |

Provider Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Fax: \_\_\_\_\_

Provider NPI: \_\_\_\_\_

Date: \_\_\_\_\_

The information requested above is Protected Health Information (PHI), and is the minimum necessary to execute the delivery of patient services. 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.