



Referral for Medical Nutrition Therapy (MNT)

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Please complete this form and fax to 571-360-5353

From:

Referring Physician/Provider Name/Phone/Fax (or stamp)

Date: _____ Patient Name: _____ DOB: _____

Parent/Guardian Name: _____ Phone Number: _____

Home Address: _____

Insurance: (attach copy front & back of card)

Above is referred for *Medical Nutrition Therapy* as a necessary part of medical treatment and prevention of complications for diagnoses listed.

- ☐ Overweight (wt _____ ht _____ BMI _____)
- ☐ Underweight (wt _____ ht _____ BMI _____)
- ☐ Anemia (Hgb/Hct _____/_____)
- ☐ HTN (BP _____/_____)
- ☐ High Cholesterol
(TC _____ LDL _____ HDL _____ TG _____)
- ☐ Diabetes, type 2 (BG _____ A1c _____)
- ☐ Diabetes, type 1 (BG _____ A1c _____)
- ☐ Pregnancy/Post-Partum
- ☐ Feeding concerns (infant/child)
- ☐ Failure to thrive (adult/child/infant)
- ☐ Allergies/Intolerances
- ☐ Nutrient Deficiency (_____)
- ☐ Gastrointestinal (_____)
- ☐ Other (specify): _____

REQUIRED

Medical Diagnosis: _____

ICD 10 code(s): _____

Physician/Provider Signature: _____

Physician/Provider NPI #: _____

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.

Medical Nutrition Therapy Referral Process

Thank you for making a Medical Nutrition Therapy (MNT) referral to Feeding 5 Nutrition, LLC. Your patients are important to us, and we want to ensure that they receive the appropriate care in a timely manner. Please review the following guidelines to make this process both efficient and effective.

- Complete an MNT form. The following are **REQUIRED**.
 - Medical diagnosis
 - ICD 10 diagnosis code
 - Physician/Provider signature and NPI number
- Fax the referral to Feeding 5 Nutrition, LLC at 571-360-5353. Fax number is provided on the referral form. Feeding 5 Nutrition, LLC is HIPAA compliant, and referrals are received via a secure e-fax.
- Please attach Physician/Provider Notes, Labs, Growth and BMI Charts, Medication List and any other comments if necessary.
- Have office or patient call to schedule an appointment: 571-207-6648.
- Dietitians will send a follow-up report within 2 weeks of the referral to inform him/her of the status of the referral.
- A report of the MNT appointment will be faxed to the referring clinician and will note any scheduled follow-up visits.
- If unable to reach the patient with 2 or more attempts by phone/letter or the patient declines services a letter will be send to referring provider. The clinician may refer the patient again as needed.

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