



rdntherapy.com
Phone: 980-819-1573
Fax: 704-850-9189

Medical Nutrition Therapy Referral Form

Client Information:

Full Name	
Date of Birth	
Phone Number	
Email	

Physician Information: I am referring the above patient to Redefined Nutrition.

Provider Name	
NPI #	
Phone Number	
Email	
Fax Number	
Address	

Preferred Method of Contact: ☐ Phone ☐ Fax ☐ Email

For Doctor's Office:

- Please fax the most recent and relevant clinical information, physician notes, and labs (i.e. CMP/CBC, HbA1c, lipid panels, blood pressure, etc.)
- Clinical information: on the next page, please check all applicable reasons for referral. Write in additional diagnoses with ICD-10 codes.

Provider Signature (REQUIRED): _____

Date: _____

Confidentiality Notice This transmission may contain confidential and privileged information. Please convey to the attention of the intended recipient immediately if you have received this communication in error. Please notify us by telephone and return the original message to use by mail.

<p>Eating Disorders</p> <p><input type="checkbox"/> F50.00 Anorexia nervosa, Unspecified</p> <ul style="list-style-type: none"> • <i>Anorexia nervosa, Restricting type</i> <ul style="list-style-type: none"> <input type="checkbox"/> F50.010 mild <input type="checkbox"/> F50.011 moderate <input type="checkbox"/> F50.012 severe <input type="checkbox"/> F50.013 extreme <input type="checkbox"/> F50.014 in remission <input type="checkbox"/> F50.019 unspecified • <i>Anorexia nervosa, Binge-eating/purging type</i> <ul style="list-style-type: none"> <input type="checkbox"/> F50.020 mild <input type="checkbox"/> F50.021 moderate <input type="checkbox"/> F50.022 severe <input type="checkbox"/> F50.023 extreme <input type="checkbox"/> F50.024 in remission <input type="checkbox"/> F50.029 unspecified • <i>Bulimia nervosa</i> <ul style="list-style-type: none"> <input type="checkbox"/> F50.21 mild <input type="checkbox"/> F50.22 moderate <input type="checkbox"/> F50.23 severe <input type="checkbox"/> F50.24 extreme <input type="checkbox"/> F50.25 in remission <input type="checkbox"/> F50.20 unspecified • <i>Binge eating disorder</i> <ul style="list-style-type: none"> <input type="checkbox"/> F50.810 mild <input type="checkbox"/> F50.811 moderate <input type="checkbox"/> F50.812 severe <input type="checkbox"/> F50.813 extreme <input type="checkbox"/> F50.814 in remission <input type="checkbox"/> F50.819 unspecified <p><input type="checkbox"/> F50.82 Avoidant/restrictive food intake disorder (ARFID)</p> <p><input type="checkbox"/> F50.83 Pica in adults</p> <p><input type="checkbox"/> F50.89 Other specified eating disorder (OSFED)</p> <p><input type="checkbox"/> F50.9 Eating disorder, unspecified</p>	<p>Diabetes and Endocrine</p> <p><input type="checkbox"/> E10.64 Type 1 diabetes with hypoglycemia</p> <p><input type="checkbox"/> E10.65 Type 1 diabetes with hyperglycemia</p> <p><input type="checkbox"/> E10.9 Type 1 diabetes without complications</p> <p><input type="checkbox"/> E11.64 Type 2 diabetes with hypoglycemia</p> <p><input type="checkbox"/> E11.65 Type 2 diabetes with hyperglycemia</p> <p><input type="checkbox"/> E11.9 Type 2 diabetes without complications</p> <p><input type="checkbox"/> Z83.3 Family history of diabetes mellitus</p> <p><input type="checkbox"/> R73.03 Prediabetes</p> <p><input type="checkbox"/> R73.01 Impaired glucose, fasting</p> <p><input type="checkbox"/> E16.2 Hypoglycemia, unspecified</p> <p><input type="checkbox"/> E28.2 Polycystic ovarian syndrome (PCOS)</p> <p><input type="checkbox"/> E88.810 Metabolic syndrome</p> <p><input type="checkbox"/> E88.811 Insulin resistance syndrome, Type A</p> <p><input type="checkbox"/> E88.818 Other insulin resistance</p> <p><input type="checkbox"/> E88.819 Insulin resistance, unspecified</p>
<p>Basic Nutrition/BMI*</p> <p><input type="checkbox"/> Z71.3 Dietary counseling and surveillance</p> <p><input type="checkbox"/> Z72.4 Inappropriate diet & eating behaviors</p> <p><input type="checkbox"/> E63.9 Nutritional deficiency, unspecified</p> <p><input type="checkbox"/> R63.4 Abnormal Weight Loss</p> <p><input type="checkbox"/> N91.2 Amenorrhea, unspecified</p> <p><input type="checkbox"/> E44.0 Moderate protein-calorie malnutrition</p> <p><input type="checkbox"/> E44.1 Mild protein-calorie malnutrition</p> <p><input type="checkbox"/> R63.6 Underweight*</p> <p><input type="checkbox"/> E66.3 Overweight*</p> <p><input type="checkbox"/> E66.01 Morbid (severe) obesity due to excess calories*</p> <p><input type="checkbox"/> E66.09 Other obesity due to excess calories*</p> <p><input type="checkbox"/> E66.811 Obesity, class 1*</p> <p><input type="checkbox"/> E66.812 Obesity, class 2*</p> <p><input type="checkbox"/> E66.813 Obesity, class 3*</p> <p><input type="checkbox"/> E66.9 Obesity, unspecified*</p>	<p>Lipid and Cardiovascular</p> <p><input type="checkbox"/> E78.00 Hypercholesterolemia</p> <p><input type="checkbox"/> E78.1 Hypertriglyceridemia</p> <p><input type="checkbox"/> E78.2 Hyperlipidemia, mixed</p> <p><input type="checkbox"/> E78.5 Hyperlipidemia, unspecified</p> <p><input type="checkbox"/> I10 Hypertension</p> <p><input type="checkbox"/> Z82.41 Family history sudden cardiac death</p> <p><input type="checkbox"/> Z82.49 Family history of ischemic heart disease & other diseases of circulatory system</p>
<p><i>*Note: Redefined Nutrition doesn't support the use of <u>BMI as a reliable indicator of health</u>. At the same time, we may use the codes for "overweight" or "obese" for insurance coverage/reimbursement.</i></p>	<p>Gastrointestinal</p> <p><input type="checkbox"/> E73.9 Lactose intolerance, unspecified</p> <p><input type="checkbox"/> K50.90 Crohn's disease, unspecified</p> <p><input type="checkbox"/> K51.90 Ulcerative colitis, unspecified</p> <p><input type="checkbox"/> K90.0 Celiac disease</p> <p><input type="checkbox"/> K57.90 Diverticulosis</p> <p><input type="checkbox"/> K57.92 Diverticulitis</p> <p><input type="checkbox"/> K21.9 Reflux/GERD</p> <p><input type="checkbox"/> K58.0 Irritable bowel syndrome, diarrhea</p> <p><input type="checkbox"/> K58.1 Irritable bowel syndrome, constipation</p> <p><input type="checkbox"/> K58.2 Mixed irritable bowel syndrome</p> <p><input type="checkbox"/> K58.9 Irritable bowel syndrome without diarrhea</p> <p>Other Diagnoses + ICD10 Code (including BMI WNL)</p> <p>_____</p> <p>_____</p> <p>_____</p>