NOURISH
Wellness LLC

3 SIMPLE STEPS TO IMPROVE THE HEALTH OF YOUR PATIENTS:
1. Complete referral form
2. Fax
3. We take care of the rest!

Referral Form: Please complete and return, along with most recent visit notes and labs, OR send demographic page and notes/labs via your EMR to FAX: 808-663-0321. We will contact patient to schedule. Questions? Call our office at 646-400-8723.
* If patient has Medicare, or Medicare replacement please use Medicare referral form

Patient Name	
Date of Birth	
Address	
Phone #	
Referring Physician	
NPI #	
Insurance company*	
Insurance member ID	
Insurance group ID	

	Description	**Diagnosis Code**		**Description**	**Diagnosis Code**
	Type 1 Diabetes	E10. ____		Chronic Kidney Disease	N18. _____
	Type 2 Diabetes	E11. ____		Hypertension	I 10
	Hyperlipidemia	E78. _____		GERD/Reflux	K21. ___
	Obesity	E66. _____		Chron's Disease	K50. ___
	Obesity, unspecified	E66.9		Diverticulosis	K57. ___
	Overweight	E66.3		IBS	K58
	Other			Other	

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.

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