

**Referral for Medical Nutrition Therapy (MNT)**

Date:	Patient name:	
Day time phone number:	Insurance: (attach copy of front & back of card)	
DOB:	Home Address:	Zip Code:

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

\*Please note I am not in-network with any insurance providers, but can provide clients a Superbill for potential reimbursement if their health plan covers outpatient nutrition counseling or MNT.

EIN: 86-1345595

Caroline Green, RDN, LD NPI: 1952813396

**Referral Needs:**  New Diagnosis  New treatment plan  New Complication

**Special Needs:**  Language  Hearing/Speech/Vision  Learning/Processing  Other

**Please provide all diagnoses that apply to this referral**

√	ICD-10	ICD-10 Description	√	ICD-10	ICD-10 Description

√ **Lab Work:** (Please attach or complete) BP \_\_\_\_\_ / \_\_\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_

Hct/ Hgb	FBS	OGTT 1-hr	OGTT 3-hr	Hgb A1c	Total Chol	HDL LDL	Non HDL	Trig	Ua Mirco Albumin/Cr	Bun/ Cr	EGFR	Na/K	Phos/ PTH	Vit D

√ **Exercise/Activity Plan**

- Release: may walk 20-30 min 3-5x/week or \_\_\_\_\_
- Not Released: \_\_\_\_\_

√ **Medications-** Please attach list

Physician signature X \_\_\_\_\_ MD/DO. Phone: \_\_\_\_\_

\_\_\_\_\_ NPI \_\_\_\_\_ EIN \_\_\_\_\_ Fax: \_\_\_\_\_

Print MD/DO Name

The information requested above is Protected Health Information (PHOI), and is necessary to execute for patient service. Please understand as a link in the "Chain of Trust", all PHI will remain confidential as mandated by the Treatment, Payments, Healthcare Operations Laws by HIPAA.