san diego DIETITIANS

NUTRITION REFERRAL FORM

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Patient Information

Name: _____

DOB: _____

Phone: _____

Insurance: _____

In-network with:

aetna Anthem blue california United Healthcare

Referring Provider Information

Name: _____

NPI: _____

Phone: _____

Date: _____

☐ RD to fax nutrition notes to referring provider
☐ No follow up with referring provider required

Reason for Referral (Check all that apply)

Diabetes

☐ R73.03 - Pre-diabetes
☐ E10.____ - Type 1 diabetes with _____
☐ E11.____ - Type 2 diabetes with _____
☐ O24.____ - Gestational diabetes, _____

Weight Management

☐ E66.3 - Overweight
☐ E66.9 - Obesity, unspecified
☐ E66.01 - Morbid (severe) obesity due to excess kcal

Cardiac

☐ I10 - Essential (primary) hypertension
☐ E78.5 - Hyperlipidemia, unspec.
☐ I25.___ - Coronary artery disease with _____
☐ I50.9 - Heart failure, unspec.

Gastrointestinal

☐ K59.00 - Constipation
☐ R19.7 - Diarrhea, unspec.
☐ K90.0 - Celiac disease
☐ K51.9 - Ulcerative colitis
☐ K50.90 - Crohn's disease
☐ K58. ___ - IBS, type _____
☐ K82.9 - Gallbladder disease
☐ K76.9 - Liver disease, unspec.

Malnutrition

☐ E44.1 - Mild malnutrition
☐ E44.0 - Moderate malnutrition
☐ E43 - Severe malnutrition

Renal

☐ N18.32 - CKD, stage 3b
☐ N18.4 - CKD, stage 4
☐ N18.5 - CKD, stage 5
☐ N18.6 - ESRD

Other

☐ Z71.3 - General diet counseling
☐ M81.0 - Osteoporosis, age-related
☐ E88.810 - Metabolic syndrome
☐ Z91.___ - Allergy to _____
☐ D50.9 - Iron deficiency anemia
☐ E____ - Micronutrient deficiency: _____

Other ICD-10 Diagnosis Code and Description: _____

Add'l Notes: _____

Anthropometrics and Lab Work (Optional - attach or complete below)

Ht: _____ Wt: _____ BP: _____ Other Relevant Data: _____

FBG	A1C	Trig	Total Chol	LDL	HDL	BUN/Cr	GFR	Na/K	Hgb/Hct	Ferritin	Iron	Vit D

Fax or email this form and relevant documents/lab work to: