

Referral for Medical Nutrition Therapy (MNT)

Please attach list of current medications and lab results



Date:	Patient name:	DOB:
Daytime phone #:	Insurance:	Policy #:
Height:	Weight:	Gender:
Referral Needs: ☐ Initial MNT ☐ Follow-up MNT Hours of MNT requested ☐ 3 hrs ☐ 2 hrs _____ Other		
Special Needs: _____ Language _____ Hearing/Speech/Vision _____ Learning ☐ N/A		

Reason for MNT Referral

Please complete the MNT referral form which includes the ICD-10 code(s) and physician signature.

ICD-10	Description	ICD-10	Description	ICD-10	Description
☐ E10.____	Type 1 diabetes mellitus	☐ K21.0	Gastroesophageal reflux disease with esophagitis	☐ D50.____	Iron deficiency anemia
☐ E11.____	Type 2 diabetes mellitus	☐ K21.9	Gastroesophageal reflux disease without esophagitis	☐ D51.3	Other dietary vitamin B12 deficiency anemia (vegan anemia)
☐ N18.____	Chronic kidney disease	☐ K25	Gastric ulcer	☐ D52.0	Dietary folate anemia
☐ E66.____	Overweight / Obesity	☐ K27	Peptic ulcer, site unspecified	☐ D53.____	Deficiency anemia
☐ E63.____	Abnormal weight loss/gain/underweight	☐ K29.____	Gastritis	☐ M81.____	Osteoporosis
☐ Z68.____	BMI < 19 or BMI > 30 (adult)	☐ K50.____	Crohn's disease	☐ G47.3__	Sleep apnea
☐ Z71.3	Dietary counseling and surveillance	☐ K51	Ulcerative colitis	☐ R73.01	Impaired fasting glucose
☐ I10	Essential (primary) hypertension	☐ K57.____	Diverticulosis	☐ R73.02	Impaired glucose tolerance test (oral)
☐ I11.0	Hypertensive heart disease with (congestive) heart failure	☐ K58	Irritable bowel syndrome	☐ R73.03	Pre-diabetes
☐ I11.9	Hypertensive heart disease without (congestive) heart failure	☐ K59	Constipation	☐ E43	Unspecified severe protein-calorie malnutrition
☐ I12	Hypertensive chronic kidney disease	☐ O21.____	Hyperemesis gravidarum	☐ E44.____	Mild-moderate protein-calorie malnutrition
☐ I25	Chronic ischemic heart disease	☐ O24.____	Gestational diabetes mellitus	☐ E46	Unspecified protein-calorie malnutrition
☐ I50	Heart failure	☐ O26.____	Excessive/low weight gain during pregnancy	Other	
☐ E78.0	Pure hypercholesterolemia	☐ E03.9	Hypothyroidism, unspecified	☐ _____	_____
☐ E78.1	Pure hyperglyceridemia	☐ E16.____	Hypoglycemia	☐ _____	_____
☐ E78.2	Mixed hyperlipidemia	☐ E73.____	Endocrine, nutritional, & metabolic diseases	☐ _____	_____
☐ E78.5	Hyperlipidemia, unspecified	☐ M1A.____	Chronic gout	☐ _____	_____
☐ E88.81	Metabolic syndrome	☐ M10.____	Gout, other causes	☐ _____	_____
☐ F50.____	Mental and behavioral disorders	☐ B20	HIV disease	☐ _____	_____

Exercise/Activity Plan:

☐ Release, _____ min/day OR _____ min/week
☐ Not Released

Comments: _____

Physician's Signature _____ Date _____

Physician's Name (Printed) _____

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

Relevant Lab Data or attach current labs

Date	Lab Value
	BP: mmHg
	Gluc: mg/dL
	HbA1c: %
	TC: mg/dL
	HDL: mg/dL
	LDL: mg/dL
	TG: g/dL
	BUN: mg/dL
	ALB: g/dL
	Creat: mg/dL