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## Referral for Medical Nutrition Therapy (MNT)

Please fax this sheet along with the following information to (626) 231-0616

- Facesheet/insurance information.
- Recent physician note
- Labs
- Medication list

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

Insurance: \_\_\_\_\_ Phone #: \_\_\_\_\_

Above is referred for medical nutrition therapy as a necessary part of medical treatment and prevention of complications for diagnoses listed below.

Referral Needs:  New Dx/Referral     Change in Status/New Complication     New Treatment plan

Check all diagnoses that apply to this referral

### Type 1 Diabetes

- E10.64 Type 1 diabetes w/ hypoglycemia
- E10.65 Type 1 diabetes w/ hyperglycemia
- E10.9 Type 1 diabetes w/ no complications

### Type 2 Diabetes

- E11.64 Type 2 diabetes w/ hypoglycemia
- E11.65 Type 2 diabetes w/ hyperglycemia
- E11.8 Type 2 diabetes w/ no complications

### Kidney Disease

- N18.31 CKD Stage 3a (GFR 45-59)
- N18.32 CKD Stage 3b (GFR 30-44)
- N18.4 CKD Stage 4 (GFR 15-30)
- N18.5 CKD Stage 5 (<15)

### Cardiovascular, Endocrine, & Metabolic Diseases

- I10 Hypertension
- E78.0 Pure Hypercholesterolemia
- E78.5 Hyperlipidemia, unspecified
- E88.81 Metabolic Syndrome
- R73.01 Impaired Fasting Blood Glucose
- R73.03 Pre-Diabetes

### Weight Management

- E66.3 Overweight
- E66.9 Obesity, unspecified

### Other

- Z71.3 Dietary Counseling & Surveillance
- \_\_\_\_\_
- \_\_\_\_\_

Exercise/Activity Plan  Release: pt may walk 20-30 min 5-7x/wk or \_\_\_\_\_

Not Released: patient is unable to engage in physical activity

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ NPI: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The information requested above is Protected Health Information (PHI), and is the minimum necessary to execute the 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 HIPPA.