



Tel: (626) 873 – 1273

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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: _____ Phone #: _____

Insurance: _____ Type: HMO/PPO/Medicare

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

Provider Signature: _____ Date: _____

Provider Name: _____ NPI: _____

Phone: _____ Fax: _____

**For Medicare patients – referral must be completed by MD or DO only

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.