Nutrition Solutions LLC

Referral For Nutrition Counseling

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Patient Information

Name:_____

Birthdate:_____

Phone #:_____

Patient cleared for physical activity? Y N

Diagnosis (ICD 10)

If using Z71.3, another code needs to go along with it please.

__ **Pre-Diabetes (R73.03)**
__ **Type 2 Diabetes Mellitus with unspecified complications (E11.8)**
__ **Type 2 Diabetes Mellitus without specified complications (E11.9)**
__ **Overweight (E66.3)**
__ **Obesity, unspecified (E66.9)**
__ **Underweight (R63.6)**
__ **Abnormal weight loss (R63.4)**
__ **Dietary Counseling & Surveillance (Z71.3)**
__ **Hyperlipidemia, unspecified (E78.5)**
__ **Hypertriglyceridemia (E78.1)**
__ **Metabolic Syndrome (E88.81)**
__ **Hypertension (I10)**
__ **Irritable Bowel Syndrome (K58.0)**
__ **Celiac Disease (K90.0)**
__ **Impaired fasting glucose (R73.01)**
__ **Other ICD 10 code** _____

Referring Physician (print): _____

Referring Physician (signature): _____

NPI/Provider #: _____

Date of referral: _____

Clinic Name & Phone #: _____ **Fax#**_____