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**Nutrition Connection**

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## Referral for Nutrition Consultation and Diabetes Education

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| --- |
| Patient Information |
| Name DOB  Telephone (H) (W) (C)  Address  Patient Insurance Policy # Group #   |  |  |  |  | | --- | --- | --- | --- | | Reason for Referral – Check all that apply | | | | | **Diabetes and Endocrine** | **Lipid and Cardiovascular** | **Weight Control** | | \_\_\_ 250.00 Diabetes, Type 2 | \_\_\_ 429.2 Cardiovascular Disease | \_\_\_ 278.00 Obesity (BMI 30-39.9) | | \_\_\_ 250.02 Diabetes, Type 2 Uncontr. | \_\_\_ 428.0 CHF | \_\_\_ 278.01 Obesity, Morbid (BMI >40) | | \_\_\_ 250.01 Diabetes, Type 1 | \_\_\_ 272.0 Hypercholesterolemia | \_\_\_ 278.02 Overweight (BMI 25-29.9) | | \_\_\_ 648.83 Gestational Diabetes | \_\_\_ 272.4 Hyperlipidemia | \_\_\_ 649.1 Obesity complicating Preg | | \_\_\_ 648.00 Diabetes in Pregnancy | \_\_\_ 272.1 Hypetriglyceridemia | Other Weight Control diagnosis (specify) | | \_\_\_ 790.29 Pre-Diabetes/IGT | \_\_\_ 401.9 HTN | \_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_ 277.7 Metabolic Syndrome | Other CVD diagnosis (specify) |  | | \_\_\_ 251.2 Hypoglycemia | \_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Malnutrition and Food Allergy** | | \_\_\_ 256.4 PCOS |  | \_\_\_ 783.2 Abnormal Weight Loss | | Other Diabetes diagnosis (specify) | **Renal** | \_\_\_ 783.7 Failure to Thrive – Adult | | \_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ 585.1 CKD Stage 1 | \_\_\_ 787.41 Failure to Thrive – Child | |  | \_\_\_ 585.2 CKD Stage 2 | \_\_\_ 693.1 Food Allergy | | **Gastrointestinal and Liver** | \_\_\_ 585.3 CKD Stage 3 | \_\_\_ 271.3 Lactose Intolerance | | \_\_\_ 579.0 Celiac Disease | \_\_\_ 585.4 CKD Stage 4 | \_\_\_ 263.9 Malnutrition | | \_\_\_ 571.2 Cirrhosis, Alcoholic | \_\_\_ 585.5 CKD Stage 5 | Other Malnutr/Allergy diagnosis (specify) | | \_\_\_ 571.5 Cirrhosis, Non-Alcoholic | \_\_\_ 585.6 ESRD on Dialysis | \_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_ 555.9 Crohn’s Disease | \_\_\_ 592.0 Renal Calculus |  | | \_\_\_ 562.11 Diverticulitis | Other Renal diagnosis (specify) | **Miscellaneous** | | \_\_\_ 562.10 Diverticulosis | \_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ 280 Anemia, Iron Deficiency | | \_\_\_ 787.41 Dysphagia |  | \_\_\_ 307.1 Anorexia Nervosa | | \_\_\_ 530.81 GERD | **Basic Nutrition** | \_\_\_ 307.51 Bulimia Nervosa | | \_\_\_ 571.40 Hepatitis | \_\_\_ V65.3 Nutrition Counseling | \_\_\_ \_\_\_\_\_\_ Cancer (specify)\_\_\_\_\_\_\_\_ | | \_\_\_ 571.8 NASH | \_\_\_ V22 Pregnancy | \_\_\_ 707.00 Decubitus Ulcer | | Other GI diagnosis (specify) | Other Basic Nutrition diagnosis (specify) | Other Miscellaneous diagnosis (specify) | | \_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  | | --- | | Services Requested – Check all that apply |  |  | | --- | | □ **1:1** Diabetes Education | | □ **1:1** Nutrition Counseling/Medical Nutrition Therapy | | □ **1:1** Gestational Diabetes Management | | □ **1:1** Insulin Instruction | | □ **1:1** Meter Training | |
| **Physician Information** | |

Physician Name NPI

Address

Phone Fax

Physician Signature Date

**Please fax H&P and recent labs to 775.996.4328**