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# Referral for Medical Nutrition Therapy (MNT)

| Date: | Patient name: |
|---|---|
| Day time phone number: | Insurance: (Attach copy of front & back of card) |
| DOB: | Home address: Zip: |

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

**Referral Needs:** ☐ New Diagnosis ☐ New treatment plan ☐ New complication

**Special Needs:** ☐ Language ☐ Hearing/Speech/Vision ☐ Learning/Processing

☐ Other: _____

**✓ Check all diagnoses that apply to this referral.**

| | | | | | |
|---|---|---|---|---|---|
| ☐ | F50.00 | Anorexia nervosa, unspecified | ☐ | R73.03 | Prediabetes |
| ☐ | F50.019 | AN, restricting type, unspecified | ☐ | R73.01 | Impaired fasting glucose |
| ☐ | F50.029 | AN, binge eating/purging type, unspecified | ☐ | E11.8 | Type 2 diabetes mellitus |
| ☐ | F50.20 | Bulimia nervosa | ☐ | E10.8 | Type 1 diabetes mellitus |
| ☐ | F50.819 | Binge eating disorder | ☐ | | Gastrointestinal disease (please specify ICD-10) |
| ☐ | F50.9 | Eating disorder, unspecified | ☐ | | |
| ☐ | R62.51 | Failure to thrive (child) | ☐ | E78.0-E78.3 | Cardiovascular disease/or risk of |
| ☐ | R63.4 | Abnormal weight loss | ☐ | I10 | Essential (primary) hypertension |
| ☐ | R63.5 | Abnormal weight gain - not during pregnancy | ☐ | E78.5 | Hyperlipidemia, unspecified |
| ☐ | R63.6 | Underweight | ☐ | I25 | Cornary artery disease |
| ☐ | E28.2 | Polycystic Ovary Syndrome (PCOS) | ☐ | J44.9 | COPD |
| ☐ | E66.9 | Obesity | ☐ | | Liver disease (please specify ICD-10) |
| ☐ | E66.3 | Overweight | ☐ | | Seizures (please specify ICD-10) |
| ☐ | | | ☐ | | Pre-end stage renal and/or CKD (please specify ICD-10) |

✓ **Lab work** (please attach or complete)

| Hct/Hgb | FBG | HgBA1c | Total Chol | HDL | LDL | Heart Rate | Trig | EGFR | TSH/T4 |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

| BUN/Cr | Na/K | Phos/PTH | wBC | Iron | Ferritin |
|---|---|---|---|---|---|
| | | | | | |

BP ____ / ____

✓ **Exercise/Activity Plan**

☐ **Release:** _____

☐ **Not Released:** _____

**Provider signature:** _____ NPI _____ FAX _____

**Print Name** _____ Phone _____