



**THE NUTRITION CHANGER**  
Your Family Dietitian

# Adult Nutrition Referral Form

NPI 1: 1912762386

NPI 2: 1669287793

Please fax to 1 - (833)542-6609

## PATIENT INFORMATION

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

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## REFERRING PROVIDOR INFORMATION

Provider Name: \_\_\_\_\_

Clinic/Practice Name: \_\_\_\_\_

NPI #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## INSURANCE INFORMATION

Primary Insurance: \_\_\_\_\_ Member ID #: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Is referral required?  Yes  No Authorization #: \_\_\_\_\_

## DIAGNOSIS & REASON FOR REFERRAL

Please document ALL diagnoses that apply to this referral. Thank you!

### ICD-10 Code(s) (Select or write in)

<input type="radio"/> E78.5 Hyperlipidemia, unspecified	<input type="radio"/> E66.811 & Z68.54 Class 1 obesity
<input type="radio"/> R63.4 Abnormal weight loss	<input type="radio"/> E66.812 & Z68.55 Class 2 obesity
<input type="radio"/> R63.5 Abnormal weight gain	<input type="radio"/> E66.813 & Z68.56 Class 3 obesity
<input type="radio"/> I10 Essential (primary) hypertension	<input type="radio"/> Z71.3 Dietary counseling and surveillance
<input type="radio"/> R63.8 Other symptoms and signs concerning food and fluid intake	<input type="radio"/> R73.03 Prediabetes
<input type="radio"/> E11.9 Type 2 diabetes mellitus without complications	Other: _____

### ADDITIONAL NOTES/RELEVANT LABS/DOCUMENTATION ATTACHED:

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\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date