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KATHY GARVEY Nutrition

Referral for Medical Nutrition Therapy (MNT)

Patient Name: _____ DOB:_____

Patient Insurance: _____ Phone:_____

Patient Address:_____

Please document all diagnoses that apply to this referral, adding codes as needed.

✓	ICD 10	Weight Management	✓	ICD 10	Endocrine, Nutritional, Metabolic
	Z68.__	Body Mass Index (BMI)_____, Adult		E 10.___	**Type 1** diabetes mellitus**,** _____
	E66.0	Obese due to excess calories		E11.___	**Type 2** diabetes mellitus**,** _____
	E66.3	Overweight		E11.9	Type 2 diabetes mellitus without other specified complications
	E66.8	Other Obesity		Z.79.4	Long term (current) use of insulin
	E66.9	Obesity, unspecified – obesity NOS		E28.2	Polycystic ovarian syndrome
	R63.4	Abnormal weight loss		E78.0	Pure hypercholesterolemia
	R63.5	Abnormal weight gain (not during pregnancy)		E78.5	Hyperlipidemia, unspecified
	R63.6	Underweight		E88.81	Metabolic syndrome
	Z68.1	BMI 19 or less, adult		R73.01	Impaired fasting glucose
	Z68.51	BMI, pediatric, < 5th % for age		R73.3	Pre-diabetes
	ICD 10	**Diseases of Digestive System**		**ICD 10**	**Kidney Disease**
	K21.___	Gastroesophageal reflux disease, _____		N18.5	Chronic kidney disease, stage 5
	K50.___	Crohn's Disease, _____		N18.4	Chronic kidney disease, stage 4
	K51	Ulcerative colitis		N18.3	Chronic kidney disease, stage 3
	K57.___	Diverticulosis, _____		**ICD 10**	**Disease of Circulatory System & Blood**
	K58	Irritable Bowel Syndrome		I10	Essential hypertension
	K59	Constipation		D50.___	Iron deficiency anemia, ____
	K90.0	Celiac disease		D64.9	Anemia, unspecified

Exercise Restrictions: ☐ None ☐ Yes, please list_____

Labs and Medications: *Please attach or fax patient's lab results and/or current medications*

The above patient is referred for *medical nutrition therapy as a* necessary part of medical treatment and prevention for the diagnoses listed.

_____ _____ _____

Physician Name Physician's Signature NPI number

_____ _____ _____

Date Phone Fax

Please FAX completed form to Kathy Garvey Nutrition at (504) 355-1222 or mail to address listed above.

Referral form also available online at www.kathygarveynutrition.com