Lynise Perry Nutrition

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REFERRAL FOR OUTPATIENT NUTRITION SERVICES

Required patient information

Name: ______________________ DOB: ______________

Telephone: (H) ______________ (W) ______________ (Cell) ______________

Address: ______________________

Patient Insurance Policy: ______________ E-mail address: ______________

PLEASE FAX the most recent and relevant clinical information, physician notes and labs, (such as hemoglobin A1C, lipid profile, blood pressure, growth curves, allergy panels).

SUGGESTED NUTRITION PRESCRIPTION: Please check ALL that apply.

☐ Anti-inflammatory (general health, heart health, cancer prevention, weight control) ☐ Low-Glycemic [diabetes, blood sugar control]
☐ Low-FODMAP ☐ Low-Histamine ☐ Plant-Based Vegan
Additional Considerations: ☐ Gluten-free ☐ Dairy-free ☐ Nut-free ☐ Other, please specify: ______________

CLINICAL INFORMATION: Please check ALL applicable reasons for referral. Write in any additional diagnoses with ICD-10 codes.

DIABETES AND ENDOCRINE

____ E11.9 Diabetes, Type 2*
____ E10.9 Diabetes, Type1*
____ O24.419 Gestational Diabetes*
____ R73.09 Abn bld glu/ pre-diabetes
____ E88.81 Dysmetabolic Syndrome
____ E16.2 Hypoglycemia, unspec.
Other diabetes diagnosis (specify)
____
____ E03.9 Hypothyroid (acquired)
____

LIPID AND CARDIOVASCULAR:

____ E78.0 Hypercholesterolemia
____ E78.1 Hypertriglyceridemia
____ E78.5 Hyperlipidemia, unspec.
____ I10 Hypertension, unspec.
____ I125.10 Cardiovascular disease

Other cardiovascular diagnosis (specify): ______________

PREGNANCY:

____ **O99.210** Obesity complicating pregnancy UNSPECIFIED trimester
____ O99.211 Obesity complicating... First trimester
____ O99.212 Obesity complicating... Second trimester
____ O99.213 Obesity complicating... Third trimester

HYPERTENSION COMPLICATING PREGNANCY:

____ O16.9 Hypertension complicating pregnancy UNSPECIFIED trimester
____ O16.1 Hypertension complicating ...First trimester
____ O16.2 Hypertension complicating ...Second trimester
____ O16.3 Hypertension complicating ...Third trimester
____ O13.9 Hypertension complicating... GESTATIONAL PREGNANCY INDUCED UNSPECIFIED

MISC. GENERAL:

____ A69.20 Lyme disease

BASIC NUTRITION:

____ Z71.3 Nutr Counseling, surveillance
____ O99.810 Pregnancy - Glucose

WEIGHT CONTROL:

____ E66.9 Obesity, unspec. (BMI 30-39.9)
____ E66.0 Obesity, morbid (BMI ≥ 40)
____ E66.3 Overweight (BMI 25-29.9)

RENAL:

____ N18.1 CKD (stage I)
____ N18.2 CKD (stage II)
____ N18.3 CKD (stage III)*
____ N18.4 CKD (stage IV)*
____ N18.5 CKD (stage V)*
____ N18.9 ESRD requiring chronic dialysis

Other renal diagnosis:
____

MISC. WOMEN:

____ E28.2 PCOS - Polycystic ovary(ies)
____ Z78.0 Menopause (asymptomatic)
____ O92.3 Lactation - Failed production
____ O92.4 Lactation - Partial production

GASTROINTESTINAL AND LIVER:

____ K50.90 Regional enteritis (Crohn's)
____ K51.90 Ulcerative Colitis
____ K90.0 Celiac Disease
____ K57.90 Diverticulosis
____ K57.92 Diverticulitis
____ K74.60 Nonalcoholic Cirrhosis
____ K76.9 Unspec. Chronic Liver Disease
____ K76.0 Nonalcoholic Fatty Liver
____ K21.9 Reflux/GERD
____ K74.69 Cirrhosis - Nutritional
____ K58.9 Irritable Bowel
____ K58.0 Irritable Bowel w/ diarrhea

Other GI diagnosis: ______________

MALNUTRITION AND ALLERGY:

____ E46 Malnutrition, unspec.
____ R6251 Failure to Thrive – Child
____ T781.XXA Food Allergy - Initial visit
____ T781.XXD Food Allergy - Subsequent visit
____ T781.XXS Food Allergy - Sequela
____ E73.9 Lactose Intolerance

Other: ______________

* Medicare approved codes for MNT

Other diagnoses: ______________ ______________ ______________

Physician information:

Physician Name: ______________________ NPI#: ______________

Address: ______________________

Phone: ______________ Fax: ______________

Physician Signature (REQUIRED) ______________________ *Date* ______________

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