

**MEDICAL NUTRITION THERAPIES GROUP & ASSOCIATES, LLC  
REFERRAL FORM**

Phone: 757.499.2018

Please FAX this completed order... to 757..499.2017 ...BEFORE GIVING TO PATIENT

<p><b>PATIENT'S NAME:</b> _____</p> <p><b>PHONE:</b> _____ <b>DOB:</b> _____</p> <p><b>INSURANCE:</b> _____</p> <p align="center"><b>REFERRING PHYSICIAN DATA</b></p> <p><b>Name:</b> _____ <b>UPIN:</b> _____</p> <p><b>Address:</b> _____</p> <p><b>Phone:</b> _____ <b>Fax:</b> _____</p> <p><b>Physician's Signature:</b> _____ <b>Date:</b> _____</p>	<p><b>Please check <input checked="" type="checkbox"/> all that apply:</b></p> <p><input type="checkbox"/> Initial Medical Nutrition Therapy: <i>Specific Intervention for Patients with Diabetes (Type 1, 2, GDM), Hyperlipidemia, Renal Disease</i></p> <p><input type="checkbox"/> RD to determine number of visits      <input type="checkbox"/> Number of visits authorized: _____</p> <p><input type="checkbox"/> Dietitian Consult, Evaluation and Nutrition Intervention: <i>Specific Intervention for Patients with All Other Diagnoses</i></p> <p><input type="checkbox"/> Initial Diabetes Self-Management Training Program (___ Sessions)</p> <p><input type="checkbox"/> Blood Glucose Monitoring and Meter Instruction</p> <p><input type="checkbox"/> Weight Loss Program (___ Sessions: Eating, Exercise, Behavior Modification)</p> <p><input type="checkbox"/> Annual Follow-Up Medical Nutrition Therapy</p> <p><input type="checkbox"/> Annual Follow-Up Diabetes Self-Management Training</p> <p><b>Comments:</b> _____</p>
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**DIAGNOSTIC CODE**

✓ **CHECK ALL THAT APPLY - Unable to Provide Service Without Diagnosis**

✓	ICD-9	ENDOCRINE	✓	ICD-9	CARDIOVASCULAR	✓	ICD-9	RENAL
	250.0	Diabetes Mellitus I		401.0-401.9	Hypertension, Essential		584.9	Renal failure, acute
	250.01	Diabetes Type 1, controlled		402.0-402.9	Hypertensive heart disease		585	Renal failure, chronic
	250.00	Diabetes Type 2, controlled		272.0	Hypercholesterolemia		586	Renal failure, unspecified
	250.03	Diabetes Type 1, uncontrolled		272.1	Hypertriglyceridemia			Other: _____
	250.02	Diabetes Type 2, uncontrolled		272.2	Hyperlipidemia			
	250.13	Diabetic Ketoacidosis		429.2	Cardiovascular disease			
	250.8	Hypoglycemia with diabetes mellitus		428.0	Congestive Heart Failure			
	251.2	Hypoglycemia, non diabetic		436.0	Cerebral Vascular Accident			
	648.83	Gestational Diabetes			Other: _____			
		OTHER: _____						
		<b>GASTROINTESTINAL</b>				<b>WEIGHT, NUTRITION, EATING DISORDERS</b>		
	562.11, .10	Diverticulitis, Diverticulosis	274.9	Gout	278.01	Morbid Obesity	783.21	Weight Loss
	555.9	Crohn's disease	575.9	Gallbladder	278.0	Obesity		

