NUTRITION REFERRAL FORM

THE CONCIERGE DIETITIAN

NPI: 1942026752
PLEASE FAX TO
(614) 647-8431

REFERRING PROVIDER INFORMATION

PROVIDER NAME: _____
CLINIC/PRACTICE NAME: _____
NPI #: _____
PHONE: _____ FAX: _____
EMAIL: _____

PATIENT INFORMATION

PATIENT NAME: _____
DATE OF BIRTH: _____ GENDER: _____
PHONE NUMBER: _____
EMAIL: _____
ADDRESS: _____

INSURANCE INFORMATION

PRIMARY INSURANCE: _____ ID#: _____
GROUP #: _____ POLICY HOLDER: _____
IS REFERRAL REQUIRED? ☐ YES ☐ NO AUTHORIZATION #: _____

DIAGNOSIS & REASON FOR REFERRAL

ICD-10 Code(s) (Select or write in):	☐ E78.5 – Hyperlipidemia, unspecified
☐ E11.9 – Type 2 diabetes mellitus without complications	☐ I10 – Essential (primary) hypertension
☐ E10.9 – Type 1 diabetes mellitus without complications	☐ K58.9 – Irritable bowel syndrome without diarrhea
☐ R63.5 – Abnormal weight gain	☐ K90.0 – Celiac disease
☐ R63.4 – Abnormal weight loss	☐ F50.9 – Eating disorder, unspecified
☐ E66.9 – Obesity, unspecified	☐ N18.9 – Chronic kidney disease, unspecified
☐ Z71.3 – Dietary counseling and surveillance	☐ Z00.129 – Encounter for routine child health examination without abnormal findings
Other: _____	

ADDITIONAL NOTES / RELEVANT LABS / DOCUMENTATION ATTACHED:

_____

_____

PROVIDER SIGNATURE: _____ **DATE:** _____