

ATTN: Kaela R.

PHYSICIAN REFERRAL FORM FOR MEDICAL NUTRITION THERAPY AND/OR DIABETES SELF MANAGEMENT TRAINING



207 Traditions Blvd. Bowling Green, Ky 42103
Telephone (270) 901-3412 Fax (270) 901-3413

*****We apologize we cannot accept Medicaid*****

PATIENT INFORMATION

NAME _____ DATE OF BIRTH _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

INSURANCE COMPANY NAME _____ POLICY/ID NUMBER _____ PHONE NUMBER _____

SPECIAL INSTRUCTIONS

PATIENT DIAGNOSIS - Please select ALL diagnoses that apply & supply specific ICD-10 Codes below. Select "Other" to add any additional diagnoses. (Note: Z71.3 is preselected for your convenience)

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> Dietary Surveillance & Counseling | <input type="checkbox"/> Hyperlipidemia | <input type="checkbox"/> IBS | <input type="checkbox"/> Kidney Disease, 3 & 4 |
| <input type="checkbox"/> Diabetes, Type II | <input type="checkbox"/> Obesity | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Bariatric Surgery |
| <input type="checkbox"/> Gestational Diabetes | <input type="checkbox"/> Morbid Obesity | <input type="checkbox"/> CHF | <input type="checkbox"/> Food Allergies |
| <input type="checkbox"/> Diabetes, Type I | <input type="checkbox"/> Pediatric BMI ≥ 95% | <input type="checkbox"/> Polycystic Ovaries | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Pre-Diabetes | <input type="checkbox"/> Underweight | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Failure to Thrive |
| <input type="checkbox"/> Other | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Wired Jaw Diet | <input type="checkbox"/> Gastritis |

Please Provide ICD-10 CODES for ALL checked diagnoses:
Z71.3

PHYSICIAN NAME & NPI# _____ DATE / /



PLEASE FAX TO (270) 901-3413

****patient demographics, med history, most recent lab results, other relevant information is greatly appreciated!****