

**DIETITIAN REFERRAL**

▶ **PATIENT DATA** Referral Date: \_\_\_\_\_

Name: \_\_\_\_\_  
 SS No.: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Sex: M F DOB: \_\_\_\_\_ Circle: Insured Not Insured

**NOTE: If required by pt's insurance, attach separate and completed insurance authorization form for this referral.**

▶ **PHYSICIAN DATA**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Physician UPIN.: \_\_\_\_\_  
 Signature: \_\_\_\_\_

▶ **CLINICAL DATA ... TO BE PROVIDED BY REFERRING PHYSICIAN**

Pertinent Labs: FBS: \_\_\_\_\_ 2 Hr PP: \_\_\_\_\_ HbA1c: \_\_\_\_\_ Trig: \_\_\_\_\_ Chol: \_\_\_\_\_ LDL-Chol: \_\_\_\_\_ HDL-Chol: \_\_\_\_\_  
 GFR: \_\_\_\_\_ Other: \_\_\_\_\_

Pertinent Meds: Diabetic: \_\_\_\_\_ Anti-Lipemic: \_\_\_\_\_ BP: \_\_\_\_\_ Diuretic: \_\_\_\_\_  
 Heart: \_\_\_\_\_ Other: \_\_\_\_\_

Exercise/Physical Activity: \_\_\_ Yes, patient can (and encouraged to) exercise. \_\_\_ No restrictions in type/amount  
 Type restricted to: \_\_\_\_\_ Amount restricted to: \_\_\_\_\_

▶ **SERVICES TO BE PERFORMED**

\_\_\_ Initial Medical Nutrition Therapy: *Specific Intervention for Patients with Diabetes (Type 1, 2, GDM), Hyperlipidemia, Renal Disease*  
 RD to determine number of visits  Number of visits authorized: \_\_\_\_\_

\_\_\_ Dietitian Consult, Evaluation and Nutrition Intervention: *Specific Intervention for Patients with All Other Diagnoses*

\_\_\_ Initial Diabetes Self-Management Training Program (\_\_\_ Sessions)

\_\_\_ Blood Glucose Monitoring and Meter Instruction

\_\_\_ Weight Loss Program (\_\_\_ Sessions: Eating, Exercise, Behavior Modification)

\_\_\_ Annual Follow-Up Medical Nutrition Therapy

\_\_\_ Annual Follow-Up Diabetes Self-Management Training

▶ **DIAGNOSES (REASON FOR REFERRAL) Check ALL That Apply For Reimbursement and Medical Necessity**

ICD-9	ENDOCRINE	ICD-9	RENAL
250.03	Type 1 diabetes, uncontrolled	585.1	CKD, Stage I
250.02	Type 2 diabetes, uncontrolled	585.2	CKD, Stage II (mild)
648.83	Gestational diabetes mellitus	585.3	CKD, Stage III (moderate)
251.2	Hypoglycemia, nondiabetic	585.4	CKD, Stage IV (severe)
277.7	Syndrome X, dysmetabolic	585.5	CKD, Stage V
	<b>GASTROINTESTINAL</b>	585.6	CKD, End Stage Renal Disease
562.11, .10	Diverticulitis, diverticulosis	585.9	CKD, Unspecified
555.9	Crohn's disease		<b>CARDIOVASCULAR</b>
556.0	Ulcerative colitis	401.1	Hypertension, essential, benign
271.3	Lactose intolerance	272.2	Hyperlipidemia
575.9	Gallbladder disease		<b>WEIGHT and OTHER</b>
530.11	Reflux, esophagitis	278.01	Morbid obesity
	<b>CARCINOMA</b>	278.0	Obesity
	Please specify:	693.1	Food allergies