

—Physician Referral Form—
Medical Nutrition Therapy

*We serve as in-network providers for BCBS, Aetna, Humana, United Healthcare, Oscar, and Cigna.

Patient Name: _____
Patient's Date of Birth: _____ Patient's Phone: _____
Insurance Plan: _____ Member ID: _____

Please check those that apply—

- | | |
|--|--|
| <input type="checkbox"/> Z71.3 Dietary counseling and surveillance | <input type="checkbox"/> I10 Essential (primary) hypertension |
| <input type="checkbox"/> Z72. 4 Inappropriate diet and eating habits | <input type="checkbox"/> E78.0 Pure hypercholesterolemia |
| <input type="checkbox"/> E66.01 Morbid (severe) obesity due to excess calories | <input type="checkbox"/> R73.9 Hyperglycemia |
| <input type="checkbox"/> E66.3 Overweight | <input type="checkbox"/> E78.2 Mixed hyperlipidemia |
| <input type="checkbox"/> E66.9 Obesity, unspecified | <input type="checkbox"/> E88.81 Metabolic syndrome |
| <input type="checkbox"/> R63.5 Abnormal weight gain | <input type="checkbox"/> E03.9 Hypothyroidism, unspecified |
| <input type="checkbox"/> R63.4 Abnormal weight loss | <input type="checkbox"/> E28.2 Polycystic ovarian syndrome |
| <input type="checkbox"/> R63.6 Underweight | <input type="checkbox"/> F50.9 Eating disorder, unspecified |
| <input type="checkbox"/> Z82.49 Family history of ischemic heart disease | <input type="checkbox"/> F50.01 Anorexia nervosa, restricting type |
| <input type="checkbox"/> Z83.3 Family history of diabetes mellitus | <input type="checkbox"/> F50.2 bulimia nervosa |
| <input type="checkbox"/> E11.9 Type 2 diabetes mellitus without complications | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> E11.65 Type 2 diabetes mellitus with hyperglycemia | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Other: _____ |

Notes: _____

Physician Information: (Written signature and date)

Name: _____ NPI: _____
Signature: _____ Date: _____
Physician Phone: _____ Physician Fax: _____