

**Peace of Nutrition Patient Referral Form**  
 2820 US Hwy 1 South, Suite J, St. Augustine, FL 32086  
 Phone (904) 377-6190 Fax (904) 808-4702

Patient Name Last First MI				Patient Date of Birth		
Patient Address				City/State		ZIP
Patient Phone		Height		Weight		Patient SSN

**Reason for Nutrition Referral:**

Please indicate ICD-10 diagnosis code(s):		
<input type="checkbox"/> D50.9 Iron deficiency anemia	<input type="checkbox"/> I10 Essential hypertension	<input type="checkbox"/> N18. Chronic kidney disease
<input type="checkbox"/> D64.9 Anemia, unspecified	<input type="checkbox"/> I11.9 Hypertensive heart disease	<input type="checkbox"/> O21.0 Mild hyperemesis gravidarum
<input type="checkbox"/> E03.9 Hypothyroidism, unspecified	<input type="checkbox"/> K25 Gastric ulcer	<input type="checkbox"/> O24. Gestational diabetes mellitus
<input type="checkbox"/> E10. Type 1 diabetes mellitus	<input type="checkbox"/> K27 Peptic ulcer	<input type="checkbox"/> O26.00 Excess weight gain in pregnancy
<input type="checkbox"/> E11. Type 2 diabetes mellitus	<input type="checkbox"/> K29.7 Gastritis	<input type="checkbox"/> O26.10 Low weight gain in pregnancy
<input type="checkbox"/> E16.2 Hypoglycemia, unspecified	<input type="checkbox"/> K50. Crohn's disease	<input type="checkbox"/> R63.6 Underweight
<input type="checkbox"/> E28.2 Polycystic ovarian syndrome	<input type="checkbox"/> K51 Ulcerative colitis	<input type="checkbox"/> R73.01 Impaired fasting glucose
<input type="checkbox"/> E46. Protein-calorie malnutrition	<input type="checkbox"/> K57. Diverticulosis	<input type="checkbox"/> R73.02 Impaired glucose tolerance, oral
<input type="checkbox"/> E66.3 Overweight	<input type="checkbox"/> K58 Irritable bowel syndrome	<input type="checkbox"/> R73.09 Abnormal fasting glucose pre-diabetes
<input type="checkbox"/> E66.9 Obesity, unspecified	<input type="checkbox"/> K59 Constipation	<input type="checkbox"/> Z68. BMI $\geq$ 30.0
<input type="checkbox"/> E73.9 Lactose intolerance, unspecified	<input type="checkbox"/> K59.1 Functional diarrhea	<input type="checkbox"/> Z71.3 Dietary counseling and surveillance
<input type="checkbox"/> E78.0 Hypercholesterolemia	<input type="checkbox"/> K70.3 Alcoholic cirrhosis of liver	<input type="checkbox"/> ICD-10-CM diagnosis code write-in:
<input type="checkbox"/> E78.5 Hyperlipidemia, unspecified	<input type="checkbox"/> K86. Pancreatitis	
<input type="checkbox"/> E78.9 Disorder of lipoprotein metabolism	<input type="checkbox"/> K90.0 Celiac disease	
<input type="checkbox"/> E88.81 Metabolic syndrome	<input type="checkbox"/> M10.9 Gout	
<input type="checkbox"/> F50.9 Eating disorder, unspecified	<input type="checkbox"/> M81. Osteoporosis	

**Patient Physical Activity Restrictions:**  Medical Clearance for Exercise Physician Initials \_\_\_\_\_

Exercise limitations:

Additional Comments:

Please attach most recent or all **pertinent lab data with a current medication list** to this referral form.

Referring Physician Name (please print)		NPI #	
Practice Address		City/State	ZIP
Physician Phone		Physician Fax	
Physician Signature			Date

**FAX TO: Amanda Perrin, RDN, LD/N with Peace of Nutrition, LLC at (904) 808-4702**