



Referral for Nutrition Counseling

PLEASE SEND THE FOLLOWING:

1. Medical diagnoses (page 2)
2. Diet Prescription (either RD determines or provider specifies diet)
3. Medical records pertinent to the referral diagnoses
4. Latest labs
5. Patient insurance information

FAX to: (817) 476 - 6133

If you have questions or concerns, feel free to contact me at:
(682) 564 - 2381; HD@practical-nutrition.com

Thank you for your referral.

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PRACTICAL NUTRITION LLC

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Name: _____ Date of Birth: _____ Date: _____

Medical Nutrition Therapy for: (Check (x) boxes that apply)

DIABETES Insulin Use – Z79.4 _____

- Type 1-E10.**_____
 - with ketoacidosis,w/o coma—E10.10
 - with CKD—E10.22
 - with neurological unspec—E10.40
 - with circulatory complications—E10.59
 - with hypoglycemia w/o coma—E10.649
 - with hyperglycemia—E10.65
 - without complications—E10.9

- Type 2-E11.**_____
 - with CKD—E11.22
 - with neurological complications—E11.49
 - with circulatory complications—E11.59
 - with hypoglycemia, unspec—E11.62
 - with hyperglycemia—E11.65
 - without complications—E11.9
 - with kidney complications—E11.29

Pre-Diabetes—R73.09

- Gestational-024.41** **+wks gest-Z3A** _____
 - Pre-existing DM,Type 1 in PG, unspec trim—024.019
 - Pre-existing Type 2 in PG, unspec trim—024.119
 - GDM in Preg, unspec controlled—024.419

- CARDIAC**
 - Hyperlipidemia, unspec—E78.5
 - Hypercholesterolemia, unspec—E78.00
 - Hypertension, essential, —I 10
 - Hypertension, unspecified, CKD 1-4 —I 12.

Additional Notes:

Select One:

Registered Dietitian will determine diet prescription based on MNT protocols. Visits will consist of an initial and two follow-ups and/or based on client need.

Specific Diet: _____ Weekly 2x/month Monthly

Physician's Signature _____ Date: _____

Physician's Name: _____

Telephone Number: _____ Fax Number: _____

Physician's NPI: _____

CHRONIC KIDNEY DISEASE

- Renal failure chronic**
 - Stage 3—N18.3
 - Stage 4—N18.4
 - Stage 5—N18.5
- Renal Transplant—Z94.0 +Hypertension or unspecified CRF—I 12.9**

GI

- Celiac Disease, w/o compl—K90.0
- Crohn's disease of small intest w/o compl—K50.00
- Crohn's disease large intest w/o compl—K50.10
- Crohn's disease small & large intest w/o compl—K50.80
- Ulcerative colitis, unspec—K51.90
- Irritable Bowel Syndrome, unspec—K58.8
- S/P malabsorption—K91.2

WEIGHT MANAGEMENT

- Obesity, morbid related to excess calories—E66.01
- Obesity, related to excess calories—E66.09
- Overweight—E66.3
- Underweight—R63.6

OTHER _____

PREVENTIVE DIETARY COUNSELING AND SURVEILLANCE—Z71.3

EATING DISORDERS

- Anorexia Nervosa, unspecified—F50.00
- Anorexia nervosa, restricting type—F50.01
- Anorexia nervosa, binge eating/purging type—F50.02
- Bulimia nervosa—F50.2
- Eating disorder, unspecified—F50.9