



Angela Lemond, RD, CSP, LD
Individual and Family Nutrition Consultant

Referral for Medical Nutrition Therapy

Please attach current list of medications, dosages & current lab results.

Date:	Patient name:	Date of Birth:
Day time phone number:	Insurance:	Medical Record Number:
Height:	Weight:	Waist Circumference:
Gender:		
Requested service: ___ Initial MNT ___ Follow-up MNT ___ Hours of MNT requested		

****REASON FOR ORDERING MNT****

MEDICAL DIAGNOSES (check all that apply below)

[Required in order to initiate MNT service]

ICD-9	ENDOCRINE, NUTRITIONAL AND METABOLIC, IMMUNITY	ICD-9	
250.00	Diabetes II/unspecified	428.0	Congestive heart failure
250.01	Diabetes I		DIGESTIVE SYSTEM
250.02	Diabetes II/unspecified, uncontrolled	555.9	Crohn's disease NOS
250.03	Diabetes I, uncontrolled	556.0	Ulcerative (chronic) enterocolitis
250.1	Diabetes with ketoacidosis	562.10	Diverticulosis of colon
251.2	Hypoglycemia, unspecified	562.11	Diverticulitis of colon
256.4	Polycystic ovarian syndrome	564.1	Irritable bowel syndrome
271.3	Intestinal disaccharidase deficiencies and disaccharide malabsorption	575.9	Unspecified disorder of gallbladder
271.9	Unspecified disorder of carbohydrate transport and metabolism		GENITOURINARY SYSTEM
272.0	Pure hypercholesterolemia	585.3	Chronic kidney disease, Stage III (moderate)
272.1	Pure hyperglyceridemia	585.4	Chronic kidney disease, Stage IV (severe)
272.4	Combined hyperlipidemia	585.5	Chronic kidney disease, Stage V
272.2	Mixed hyperlipidemia	585.6	End stage renal disease
272.9	Unspecified disorder of lipid metabolism	585.9	Chronic kidney disease, unspecified
277.7	Dysmetabolic syndrome X		SKIN AND SUBCUTANEOUS TISSUE
278.00	Obesity, unspecified	693.1	Dermatitis: Due to food
278.01	Morbid obesity		SYMPTOMS, SIGNS, ILL-DEFINED
278.02	Overweight	783.21	Loss of weight
	CIRCULATORY SYSTEM	790.2	Abnormal glucose
401.0-401.9	Essential hypertension		OTHER
402.0-402.9	Hypertensive heart disease		
414.0	Coronary atherosclerosis		

Relevant Medications and Dosages (type/frequency):

Relevant Lab Data:
(attach current lab data)

Date:	Lab value:
	BP: mm Hg
	glucose: mg/dL
	HbA1c: %
	TC: mg/dL
	HDL: mg/dL
	LDL: mg/dL
	TG: g/dL
	BUN: mg/dL
	ALB: g/dL
	Creat: mg/dL

Physical Activity Restrictions: none: _____ limit to: _____

Comments (medical conditions, goals for nutrition therapy):

MNT is a necessary part of the patient's medical treatment for the medical diagnosis (es) listed above.

Physician's Signature _____ **Date** _____

UPIN/NPI number: _____ **Please fax to: 888-821-2292**