



## Nutrition Referral Form

Referring Provider Information (write or stamp in)

Patient Information

Name: \_\_\_\_\_

  

Phone number: \_\_\_\_\_

Patient Information Continued:

Diagnosis (please check all that apply):

<input type="checkbox"/> Avoidant/restrictive food intake disorder (ARFID): F50.82 <input type="checkbox"/> Malnutrition/mild: E44.1 <input type="checkbox"/> Malnutrition/moderate: E44.0 <input type="checkbox"/> Abnormal Wt Loss: R63.4 <input type="checkbox"/> Gastroesophageal reflux disease with esophagitis: K21.0 <input type="checkbox"/> Gastroesophageal reflux disease without esophagitis: K21.9 <input type="checkbox"/> Irritable Bowel Syndrome: K58.0 <input type="checkbox"/> Constipation: K59 <input type="checkbox"/> Functional diarrhea: K59.1 <input type="checkbox"/> Celiac Disease: K90.0 <input type="checkbox"/> Lactose intolerance, unspecified: E73.9 <input type="checkbox"/> Food Allergies: K52.2 <input type="checkbox"/> Functional Dyspepsia: K30	<input type="checkbox"/> Essential (primary) hypertension: I10 <input type="checkbox"/> Hyperlipidemia/Unspec: E78.5 <input type="checkbox"/> Pre-diabetes: R73.03 <input type="checkbox"/> Impaired Fasting Glucose: R73.01 <input type="checkbox"/> Metabolic syndrome: E88.81 <input type="checkbox"/> Other iron deficiency anemias (due to inadequate iron intake): D50.8 <input type="checkbox"/> Iron deficiency anemia, unspecified: D50.9 <input type="checkbox"/> Other dietary vitamin B12 deficiency anemia (vegan anemia): D51.3 <input type="checkbox"/> Dietary folate anemia: D52.0 <input type="checkbox"/> Protein deficiency anemia: D53.0 <input type="checkbox"/> Nutrition anemia, unspecified (simple chronic anemia) : D53.9 <input type="checkbox"/> Anemia, unspecified: D64.9 <input type="checkbox"/> Dietary counseling and surveillance: Z71.3
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Diagnosis _____	ICD 10 _____
Diagnosis _____	ICD 10 _____
Diagnosis _____	ICD 10 _____

\*Please include any relevant labs, medications, or other information you would like me to have

Physician signature \_\_\_\_\_

Date \_\_\_\_\_