Dietitians of Northern New York PLLC
415 Sherman Street
Watertown, NY 13601 Phone: 315-221-4881 Fax: 315-777-4111

Referral for Medical Nutrition Therapy (MNT)

Date:	Patient name:
Day time phone number:	Insurance: (Attach copy of front & back of card)
DOB:	Home address: Zip:

Above is referred for *medical nutrition therapy as a necessary part of medical treatment* and prevention of complications for diagnoses listed.

Referral Needs: ☐ New Diagnosis ☐ New treatment plan ☐ New complication

Special Needs: ☐ Language ☐ Hearing/Speech/Vision ☐ Learning/Processing

☐ Other:

✓ **Check all diagnoses that apply to this referral**

✓	ICD-10	ICD-10 Description	✓	ICD-10	ICD-10 Description
☐	E10.64	Type 1 Diabetes w/ hypoglycemia	☐	E66.0	Obese due to excess calories
☐	E10.65	Type 1 Diabetes w/ hyperglycemia	☐	E66.01	Morbid obesity due to excess calories
☐	E10.9	Type 1 Diabetes w/ no complications	☐	E66.3	Overweight
☐			☐	E66.9	Obesity, unspecified
☐	E11.64	Type 2 Diabetes w/hypoglycemia	☐	R63.6	Underweight
☐	E11.65	Type 2 Diabetes w/hyperglycemia	☐	R63.3	Abnormal weight loss
☐	E11.8	Type 2 Diabetes w/no complications	☐	R63.5	Abnormal weight gain (not during pregnancy)
☐			☐	Z68.1	BMI 19 or less, adult
☐	O24.410	Gestational Diabetes	☐	R62.51	Failure to thrive, child
☐	R73.01	Impaired Fasting Blood Glucose	☐	Z68.51	BMI, pediatric, less than 5th percentile
☐			☐	Z68.54	BMI, pediatric, greater than or equal to 95th percentile for age
☐	F50.00	Anorexia Nervosa	☐		
☐	F50.2	Bulimia Nervosa	☐	I10	Hypertension
☐	F50.9	Eating Disorder, unspecified	☐	E78.0	Pure Hypercholesterolemia
☐			☐	E78.5	Hyperlipidemia, unspecified

✓ **Lab work** (Please attach or complete) BP ____/____

Hct/ Hgb	FBS &/or pc	Hgb A1c	Total Chol	HDL LDL	Non HDL	Trig	Ua Micro Albumin/Cr	BUN/ Cr	EGFR	Na/K	Phos/ PTH	Vit D

✓ **Exercise/Activity Plan**

☐ **Release:** may walk 20-30 min 5-7 x/week or _____

☐ **Not Released:** _____

✓ **Medications** – Please attach list

Physician signature X_____MD/DO Phone _____

NPI: _____ _____ Fax _____

Print MD/DO Name

The information requested above is Protected Health Information (PHI), and is the minimum necessary to execute delivery of patient services. Please understand as a link in the "Chain of Trust", all PHI will remain confidential as mandated by the Treatment, Payments, and Healthcare Operation Laws mandated by HIPAA.