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The Social Nutritionist, LLC

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## Referral for Medical Nutrition Therapy

***I specialize in nutrition for adult and pediatric GI, hormone, weight management, diabetes, and preventative nutrition. In network Cigna, Aetna, UHC, and Anthem/BCBS plans. If you have a patient who could benefit from diet and nutrition counseling, please:***

1. Complete this form OR simply sign form and send along with progress note and basic demographic info.
2. Fax or email completed form along with any pertinent information to 720-294-0388 or [info@thesocialnutritionist.com](mailto:info@thesocialnutritionist.com)
3. I'll take care of the rest! I will verify nutrition benefits, schedule, and keep you informed of progress.

Today's Date: \_\_\_\_\_

Patient email: \_\_\_\_\_

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

Patient DOB: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

***Please be sure to check off medical diagnoses on this form or provide through other records sent.***

<input type="checkbox"/>	E66.01	Morbid obesity d/t excess calories	<input type="checkbox"/>	E10.____	Type 1 diabetes with _____
<input type="checkbox"/>	E66.09	Other obesity d/t excess calories	<input type="checkbox"/>	E10.9	Type 1 diabetes w/out complications
<input type="checkbox"/>	E66.1	Drug-induced obesity	<input type="checkbox"/>	E11.____	Type 2 diabetes with _____
<input type="checkbox"/>	E66.3	Overweight	<input type="checkbox"/>	E11.9	Type 2 diabetes w/out complications
<input type="checkbox"/>	E66.8	Other obesity	<input type="checkbox"/>	Z79.4	Long term (current) use of insulin
<input type="checkbox"/>	E66.9	Obesity, unspecified	<input type="checkbox"/>	R73.01	Impaired fasting glucose
<input type="checkbox"/>	R63.5	Abnormal weight gain - not pregnant	<input type="checkbox"/>	R73.03	Prediabetes
<input type="checkbox"/>	R10.9	Abdominal pain, unspecified	<input type="checkbox"/>	O24.4____	Gestational diabetes, _____controlled
<input type="checkbox"/>	R14.0	Abdominal distension (gaseous)	<input type="checkbox"/>	O26.00	Excessive weight gain in pregnancy
<input type="checkbox"/>	R19.7	Diarrhea, unspecified	<input type="checkbox"/>	O99.210	Obesity complicating pregnancy
<input type="checkbox"/>	K58.0	Irritable bowel syndrome with diarrhea	<input type="checkbox"/>	E78.00	Pure hypercholesterolemia, unspecified
<input type="checkbox"/>	K58.9	Irritable bowel syndrome without diarrhea	<input type="checkbox"/>	E78.5	Hyperlipidemia, unspecified
<input type="checkbox"/>	K59.0	Constipation, unspecified	<input type="checkbox"/>	E28.2	Polycystic ovarian syndrome
<input type="checkbox"/>	E88.81	Metabolic syndrome	<input type="checkbox"/>	I10	Essential (primary) hypertension
<input type="checkbox"/>		Other (ICD-10 required):	<input type="checkbox"/>		Other (ICD-10 required)

Physician Signature \_\_\_\_\_

NPI Number \_\_\_\_\_

Physician Name (print) \_\_\_\_\_

Phone \_\_\_\_\_

Clinic Name \_\_\_\_\_

Fax \_\_\_\_\_

The above patient is referred for medical nutrition therapy as a necessary part of medical treatment and prevention for the diagnoses listed. The information requested above is Protected Health Information (PHI), and is the minimum necessary to execute the 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.