



Kate Dwyer Nutrition specializes in general, perinatal, perimenopausal, and fertility nutrition. In Network with BCBS, United, and Medcost. If you have a patient that would benefit from nutrition counseling, please fill out the following form or send this form signed with a progress note.

Date: _____

Patient Name: _____ DOB: _____

Patient Phone: _____ Insurance: _____

Patient Email: _____

<input type="checkbox"/>	R73.01	Impaired fasting glucose	<input type="checkbox"/>	R 63.5	Abnormal weight gain-not pregnant
<input type="checkbox"/>	R73.03	Prediabetes	<input type="checkbox"/>	E88.81	Metabolic syndrome
<input type="checkbox"/>	E10.__	Type 1 DM with _____	<input type="checkbox"/>	E66.01	Morbid obesity d/t excess calories
<input type="checkbox"/>	E10.9	Type 1 DM w/out complications	<input type="checkbox"/>	E66.09	Other obesity d/t excess calories
<input type="checkbox"/>	E11.__	Type 2 Diabetes with _____	<input type="checkbox"/>	E66.8	Other obesity
<input type="checkbox"/>	E 11.9	Type 2 Diabetes w/out complications	<input type="checkbox"/>	E66.9	Obesity, unspecified
<input type="checkbox"/>	Z79.4	Long term use of insulin	<input type="checkbox"/>	E66.3	Overweight
<input type="checkbox"/>	O24.4__	Gestational diabetes, _____ controlled	<input type="checkbox"/>	K 75.81	Nonalcoholic steatohepatitis (NASH)
<input type="checkbox"/>	O26.00	Excessive weight gain in pregnancy	<input type="checkbox"/>	K76.0	Fatty liver, not classified
<input type="checkbox"/>	O99.210	Obesity complicating pregnancy	<input type="checkbox"/>	I10	Essential (primary) hypertension
<input type="checkbox"/>	E28.2	Polycystic ovarian syndrome	<input type="checkbox"/>	I50.9	Heart failure, unspecified
<input type="checkbox"/>	K58.0	IBS	<input type="checkbox"/>	E78.00	Pure hypercholesterolemia, unspecified
<input type="checkbox"/>	_____	Other: _____	<input type="checkbox"/>	E78.1	Pure hyperglyceridemia
<input type="checkbox"/>	_____	Other: _____	<input type="checkbox"/>	E78.5	Hyperlipidemia, unspecified

Physician Name: _____ NPI #: _____

Physician Signature: _____ Fax: _____

Medical nutrition therapy is a necessary part of medical treatment and prevention for the diagnoses above for this referred patient. This data is considered Protected Health Information (PHI) and is the minimum necessary to perform delivery of 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.