

Referral From:		Referral to Dietitian: Taylor Koenigs	
Physician Name:		Nutrition From Scratch	
Clinic:		Phone: (865) 909-7609	
NPI:		Fax: (865) 240-3169	
Phone:		taylor@nutritionfromscratchrd.com	
Fax:		www.nutritionfromscratchrd.com	
Email:			

Patient First Name:

Patient Last Name:

Date of Birth (MM/DD/YYYY):

Email:

Phone:

Street Address:

City, State, Zip:

Primary Insurance:

Member ID:

Please select all ICD 10 codes that apply to the patient. If there are other diagnoses, please include them in the space available.

Please include any additional documentation pertinent to patient care.

✓	Diagnosis	Code	✓	Diagnosis	Code
	Dietary counseling	Z71.3		Inappropriate eating habits	Z72.4
	Lack of physical exercise	Z72.3		Overweight	E66.3
	Obese	E66.9		Underweight	R63.6
	Bariatric surgery status	Z98.84		Calorie deficiency/malnutrition	E46
	Hypertension	I10		Pure hypercholesterolemia	E78.00
	Metabolic syndrome	E88.810		Heart disease	125
	Heart failure	I50.9		Impaired glucose fasting	R73.01
	Prediabetes	R73.03		T2DM with hyperglycemia	E11.65
	T2DM with hypoglycemia	E11.64		Cirrhosis	K76.0
	GERD	K21		Food intolerance	K90.49
	Food allergies	T78		Irritable bowel syndrome with constipation	K58.2
	Irritable bowel syndrome with diarrhea	K8.0 -		Irritable bowel syndrome without diarrhea	K58.9
	Mixed irritable bowel syndrome	K58.2		Crohn's disease	K50
	Ulcerative colitis	K51		Celiac disease	K90.0
	Diverticulitis	K57		Other:	
	Other:			Other:	

Physician Signature: _____