

Nutrition Referral Form

Stephanie Gomez, MS, RDN

Please ask patient to call to schedule an appointment

PH: 619-332-3116

From:

Referring Physician Name/Phone/Fax (or stamp)

Patient's Name: _____ DOB: _____ Gender: _____

Parent/Guardian Name: _____ Phone Number: _____

Reason for MNT Referral

- Overweight (wt____ ht____ BMI____)
- Underweight (wt____ ht____ BMI____)
- Anemia (Hgb/Hct____)
- HTN (BP____)
- High Cholesterol
(TC____ LDL____ HDL____ TG____)
- Diabetes, type 2 (BG____ A1c____)
- Feeding concerns (infant/child)
- Failure to thrive (child)
- Allergies/intolerances
- Nutrient deficiency (iron____, calcium____)
- Gastrointestinal (vomiting____, constipation____, diarrhea____)
- Diet concerns/questions
- Other (specify): _____

REQUIRED

Medical Diagnosis: _____

ICD 10 code(s): _____

Physician Signature: _____

Physician NPI #: _____

Please attach Labs, Growth and BMI Charts, Medication List and any other comments

FAX COMPLETED FORM TO: 619-359-2018

Medical Nutrition Therapy Referral Process

Thank you for making a Medical Nutrition Therapy (MNT) referral to Begin Again Nutrition LLC. Your patients are important to us, and we want to ensure that they receive the appropriate care in a timely manner. Please review the following guidelines to make this process both efficient and effective.

- Complete an MNT Nutrition Referral Form. The following are **REQUIRED**.
 - medical diagnosis
 - ICD 10 diagnosis code
 - physician's signature and NPI number
- Fax the referral to Begin Again Nutrition LLC at 619-359-2018. The fax number is also provided on the referral form. Begin Again Nutrition LLC is HIPAA compliant, and referrals are received via a secure e-fax.
- Have office or patient call to schedule an appointment: 619-332-3116.
- Begin Again Nutrition LLC will send a follow-up report within 30 days of the referral to inform him/her of the status of the referral.
- A report of the MNT appointment will be faxed to the referring clinician and will note any scheduled follow-up visits.
- If unable to reach the patient within 3 or more attempts by phone/letter or the patient declines services, Begin Again Nutrition LLC will notify the referring clinician via fax to complete the referral process. The clinician may refer the patient again as needed.
- If the patient misses a scheduled appointment, Begin Again Nutrition LLC will attempt to reschedule. The referring physician will be notified when a patient misses two, consecutive appointments and request they refer the patient again as needed.

If you have questions or concerns regarding this process, please contact:

Stephanie Gomez, MS, RDN

619-332-3116