

## Referral for Medical Nutrition Therapy

**We specialize in nutrition for adult weight management, diabetes and preventative nutrition  
In network with Aetna, BCBS, Cigna, United HealthCare and Medicare.**

**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 completed form along with any pertinent information to 615-219-1216.
3. Let us take care of the rest! We verify nutrition benefits, schedule, and keep you informed of progress.

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

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.**

E66.01	Morbid obesity d/t excess calories	E10.____	Type 1 diabetes with _____
E66.09	Other obesity d/t excess calories	E10.9	Type 1 diabetes w/out complications
E66.1	Drug-induced obesity	E11.____	Type 2 diabetes with _____
E66.3	Overweight	E11.9	Type 2 diabetes w/out complications
E66.8	Other obesity	Z79.4	Long term (current) use of insulin
E66.9	Obesity, unspecified	R73.01	Impaired fasting glucose
R63.5	Abnormal weight gain - not pregnant	R73.03	Prediabetes
K75.81	Nonalcoholic steatohepatitis (NASH)	O24.4____	Gestational diabetes, _____ controlled
K76.0	Fatty (change of) liver, not classified	O26.00	Excessive weight gain in pregnancy
E88.81	Metabolic syndrome	O99.210	Obesity complicating pregnancy
E28.2	Polycystic ovarian syndrome	E78.00	Pure hypercholesterolemia, unspecified
I10	Essential (primary) hypertension	E78.1	Pure hyperglyceridemia
I50.9	Heart failure, unspecified	E78.2	Mixed hyperlipidemia
N18.____	Chronic kidney disease, stage _____	E78.5	Hyperlipidemia, unspecified
_____	Other: _____	_____	Other: _____

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

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

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

Phone \_\_\_\_\_

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

Fax \_\_\_\_\_