As You Are Nutrition
1443 Main Street, Suite 130B Napa, CA 94559
Ph. 707-200-1178 | Fx. 707-847-8698 NPI: 1013389949

Referral for Medical Nutrition Therapy (MNT)

Date:	Patient name:
Day time phone number:	Insurance: (Attach copy of front & back of card)
DOB:	Home address: Zip:

Above is referred for *medical nutrition therapy as a necessary part of medical treatment* and prevention of complications for diagnoses listed.

Referral Needs: ☐ New Diagnosis ☐ New treatment plan ☐ New complication

Special Needs: ☐ Language ☐ Hearing/Speech/Vision ☐ Learning/Processing

☐ Other:

✓ **Check all diagnoses that apply to this referral**

✓	ICD-10	ICD-10 Description	✓	ICD-10	ICD-10 Description
☐	F50.00	Anorexia nervosa, unspecified	☐	R73.03	Prediabetes
☐	F50.01	Anorexia nervosa, restricting type	☐	R73.01	Impaired Fasting Glucose
☐	F50.02	Anorexia nervosa, binge eating/purging	☐	E11.8	Type 2 diabetes mellitus
☐	F50.2	Bulemia nervosa	☐	E10.8	Type 1 diabetes mellitus
☐	F50.81	Binge eating disorder	☐		Gastrointestinal disease (please specify ICD-10)
☐	F50.9	Eating disorder, unspecified	☐		
☐	R62.51	Failure to Thrive (child)	☐	E78.0-E78.3	Cardiovascular disease/or risk of
☐			☐	I10	Essential (primary) hypertension
☐	E28.2	PCOS	☐	E78.5	Hyperlipidemia, unspecified
☐			☐	I25	Coronary artery disease
☐	R63.4	Abnormal weight loss	☐		
☐	R63.5	Abnormal weight gain - not during pregnancy	☐		Liver disease (please specify ICD-10)
☐	R63.6	Underweight	☐		
☐	E66.9	Obesity	☐		Pre-end stage renal and/or chronic kidney disease
☐	E66.3	Overweight	☐		(please specify ICD-10)

✓ **Lab work** (Please attach or complete) BP ____/____

Hct/ Hgb	FBS &/or pc	Hgb A1c	Total Chol	HDL LDL	Non HDL	Trig	Ua Micro Albumin/Cr	BUN/ Cr	EGFR	Na/K	Phos/ PTH	Vit D

✓ **Exercise/Activity Plan**

☐ **Release:** may walk 20-30 min 5-7 x/week or _____

☐ **Not Released:** _____

✓ **Medications** – Please attach list

Physician signature X_____ Phone _____

NPI: _____ _____ Fax _____

Print Name

The information requested above is Protected Health Information (PHI), and is the minimum necessary to execute 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.