



NUTRITION-FOCUSED HEALTH

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(406) 510-8777

REFERRAL FORM:

Patient name: _____ DOB: _____
 Address: _____ Insurance: _____
 _____ Phone: _____

Please check which ICD-10 code(s) the patient is being referred for. Use the blank ICD-10 spots for diagnoses not listed.

ICD-10: Description:

Type 1 Diabetes	Kidney Disease
E10.____ Type 1 diabetes mellitus	N18.____ Chronic kidney disease
E10.64 Type 1 diabetes w/hypoglycemia	N18.5 Chronic kidney disease, stage 5
E10.65 Type 1 diabetes w/hyperglycemia	N18.4 Chronic kidney disease, stage 4
E10.9 Type 1 diabetes w/no complications	N18.32 Chronic kidney disease, stage 3b
	N18.31 Chronic kidney disease, stage 3a
Type 2 Diabetes	Cardiovascular, Endocrine & Metabolic Diseases
E11.____ Type 2 diabetes mellitus	I10 Hypertension
E11.64 Type 2 diabetes w/hypoglycemia	E78.0 Pure Hypercholesterolemia
E11.65 Type 2 diabetes w/hyperglycemia	E78.5 Hyperlipidemia, unspecified
E11.8 Type 2 diabetes w/ no complications	E88.81 Metabolic Syndrome
Weight Management & No specific dx	R73.01 Impaired Fasting Blood Glucose
E66.3 Overweight	R73.03 Pre-Diabetes
E66.9 Obesity, unspecified	
Z68.____ BMI	Digestive
R62.51 Failure to thrive, child	K21.9 GERD w/o esophagitis
R63.4 Abnormal weight loss	K50.____ Crohn's Disease
Z71.3 Dietary counseling and surveillance	K58 Irritable bowel syndrome
Other	K86.1 Other chronic pancreatitis
Please include description	K90.0 Celiac Disease
____.____	
____.____	

The above patient is referred for **medical nutrition therapy** as a necessary part of medical treatment and prevention for the diagnoses listed.

Provider signature: _____ Phone: _____
 Provider name (printed): _____ Fax: _____
 Provider NPI: _____

Please fax this referral sheet to Nutrition-Focused Health at (406) 510-8777 along with recent labs, chart notes, demographic info, and insurance.