St. Petersburg Nutrition
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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
☐	E11.9	Type 2 DM without complications	☐	Z94.0	Kidney Transplant Status (transplant within 3 years)
☐	E11.0	Type 2 DM with Hyperosmolarity	☐	----------	If none of the ICD-10 codes listed here applies then
☐	E11.2	Type 2 DM with Kidney Complications	☐	----------	Medicare will not cover services. Self-pay rates
☐	E11.3	Type 2 DM with Ophthalmic Complications	☐	----------	available.
☐	E11.4	Type 2 DM with Neurological Complications	☐	----------	
☐	E11.5	Type 2 DM with Circulatory Complications	☐	----------	
☐	E11.6	Type 2 DM with Other Specified Complications	☐	----------	
☐	E11.64	Type 2 DM with Hypoglycemia	☐	----------	
☐	E11.65	Type 2 DM with Hyperglycemia	☐	----------	
☐	E11.8	Type 2 DM with Unspecified Complications	☐	----------	
☐	N18.1	CKD Stage 1 not on dialysis	☐	----------	
☐	N18.2	CKD Stage 2 not on dialysis	☐	----------	
☐	N18.3	CKD Stage 3 not on dialysis	☐	----------	
☐	N18.4	CKD Stage 4 not on dialysis	☐	----------	
☐	N18.5	CKD Stage 5 not on dialysis	☐	----------	

✓ **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_____MD/DO Phone _____

NPI: _____ _____ Fax _____

Print MD/DO 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.