WhidbeyHealth Medical Center

Outpatient Medical Nutrition Therapy Referral Form

(*Complete A, B, C, D, E, F for order)**

A. Patient Name: _____ **DOB**:_____

Address: _____ **City**: _____ **State**:_____

I**nsurance**: _____ **Phone:** _____

Authorization Number: _____

B. Referral for: ☐ Individual Nutrition Counseling/Medical Nutrition Therapy

C. Select all diagnoses that apply (All *request* must include a valid diagnosis)

Diabetes

- ☐ E10.9 Type 1 DM *w/o complications*
- ☐ E11.9 Type 2 DM *w/o complications*
- ☐ E 10.8 Type 1 DM *with unspecified complications*
- ☐ E 11.8 Type 2 DM *with unspecified complications*

Other: **Fill in complete ICD-10 code**

- ☐ E10. ___ Type 1 DM w/_____
- ☐ E10. ___Type 2 DM w/_____
- ☐ O24.410 Gestational DM, diet controlled
  EDC _____
- ☐ R73.01 Impaired fasting glucose

Chronic Kidney Disease

- ☐ N18.3 CKD Stage 3
- ☐ N18.4 CKD Stage 4
- ☐ N18.5 CKD.5

Other: ICD-10 _____

Description:_____

Lipid disorders

- ☐ E 78.0 Pure hypercholesterolemia
- ☐ E78.1 Pure hyperglyceridemia
- ☐ E78.2 Mixed hyperlipidemia
- ☐ E 88.81 Metabolic Syndrome

Weight Management

- ☐ E66.3 Overweight
- ☐ E66.0 Obese d/t excess calories
- ☐ E66.01 Morbid obesity d/t excess calories
- ☐ E66.8 Other obesity
- ☐ E66.9 Obesity, unspecified
- ☐ R63.6 Underweight
- ☐ R63.4 Abnormal weight loss
- ☐ R63.5 Abnormal weight gain

Gastrointestinal

- ☐ K58 Irritable bowel syndrome
- ☐ K51 Ulcerative colitis
- ☐ K 90.0 Celiac disease

Other: ICD-10 _____

Description:_____

D. Labs ☐ **Labs attached** HT : _____WT :_____BMI_____

Date					
_____	**FBS**: _____	**HbA1C**:_____			
_____	**Cholesterol**:_____	**Triglycerides**:_____	**HDL**:_____	**LDL**:_____	
_____	**BUN/creat**:_____	**GFR**:_____	**Micro albumin**:_____		
_____	**OGTT**: **FBS**_____	**1 hr**_____	**2 hr**_____	**3 hr** _____	**Other:** _____

E. Pertinent Medications _____

☐ **Medications attached**

F. Ordering Provider (print) _____**Signature** _____**Date**:_____

Contact: WhidbeyHealth Patient Access Scheduling

Scheduling Line: *360-678-7607 Opt. #1* FAX: 360-678-7652

WhidbeyHealth Medical Center, 101 North Main Street
Coupeville, WA 98239-0400 **ATTN**: Patient Access Scheduling