



**A. Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Insurance:** \_\_\_\_\_ **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