



REF

Registered Dietitian
 Phone: 316-804-6184
 Fax: 316-804-6276

Referral for Medical Nutrition Therapy (MNT)

Date:		Name:							
Day Time Phone Number:		Insurance:							
		(Attach copy of front & back of card)							
DOB:		Home Address:						Zip Code:	
Above is referred for <i>medical nutrition therapy as a necessary part of medical treatment and prevention of complications for diagnoses listed.</i>									
<input checked="" type="checkbox"/>	Check all diagnoses that apply to this referral								
<input checked="" type="checkbox"/>	ICD-10	ICD-10 Description				<input checked="" type="checkbox"/>	ICD-10	ICD-10 Description	
	E11.9	Diabetes Mellitus, Type II					N18.31	Chronic Kidney Disease, Stage 3a	
	E10.9	Diabetes Mellitus, Type I					N18.32	Chronic Kidney Disease, Stage 3b	
	E11.65	Diabetes Mellitus, Type II, Uncontrolled					N18.4	Chronic Kidney Disease, Stage 4	
	E10.65	Diabetes Mellitus, Type I, Uncontrolled							
							E66.01	Morbid obesity due to excess calories	
	O24.410	Gestational Diabetes					E66.09	Other obesity due to excess calories	
							E66.8	Other obesity	
	K90.0	Celiac Disease							
							Z68.54	BMI, Pediatric, ≥ 95th%	
	R63.4	Abnormal Weight Loss							
	I10	Unspecified Essential Hypertension							
<input checked="" type="checkbox"/>									
<input checked="" type="checkbox"/>	Lab Work (Please attach)		BP _____ / _____						
<input checked="" type="checkbox"/>	Recent visit notes (Please attach)								
	Exercise/Activity Plan								
	Release: may walk 20-30 min. 5-7 x/ week or:								
	Not Released:								

Release: may walk 20-30 mins. 5-7 x/ week or: _____

Not Released: _____

 Medications (Please attach list)Physician Signature: _____ Phone: _____
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 Operations Laws mandated by HIPAA.