

Instructions: Complete this form and fax to 774-214-0767 or email to julie@compleatwellness.us. We will contact the patient to schedule an appointment, or the patient can call at 717-942-2831 to schedule.

Medical Nutrition Therapy (MNT) Referral Form

Patient Name: _____ DOB: _____

Phone: _____ Email: _____

Address: _____

Note: Please send pertinent labs, H&P, and other supporting documents of diagnoses.

Reason for MNT referral:

Common MNT Diagnostic Codes (ICD-10)

(ICD codes are for your convenience, please alter or change as needed & check all that apply below.)

- | | | | |
|--|--------|---|--------|
| <input type="checkbox"/> Abnormal weight gain | R63.5 | <input type="checkbox"/> Malnutrition of mild degree | E44.1 |
| <input type="checkbox"/> Loss of weight | R63.4 | <input type="checkbox"/> Malnutrition of moderate degree | E44.0 |
| <input type="checkbox"/> Disorder of cardiovascular system | R94.3 | <input type="checkbox"/> Other protein calorie malnutrition | E46 |
| <input type="checkbox"/> Celiac Disease | K90.0 | <input type="checkbox"/> Overweight | E66.3 |
| <input type="checkbox"/> Constipation | K59.00 | <input type="checkbox"/> Obese | E66.9 |
| <input type="checkbox"/> Diabetes, Type II | E11.9 | <input type="checkbox"/> Morbid obesity | E66.01 |
| <input type="checkbox"/> Other abnormal glucose | R73.09 | <input type="checkbox"/> Polycystic Ovarian Syndrome | E28.2 |
| <input type="checkbox"/> Gastroesophageal Reflux Disease | K21.0 | <input type="checkbox"/> Underweight | R63.6 |
| <input type="checkbox"/> Pure hypercholesterolemia | E78.0 | <input type="checkbox"/> Dietary surveillance & counseling | Z71.3 |
| <input type="checkbox"/> Hyperlipidemia | E78.5 | <input type="checkbox"/> Other | _____ |
| <input type="checkbox"/> Hypertensive disorder | I10 | <input type="checkbox"/> Other | _____ |
| <input type="checkbox"/> Hypoglycemia | E16.2 | | |

Physician Signature: _____ Date: _____

Printed Name: _____ NPI: _____

Group/Practice Name: _____

Address: _____

Office Phone: _____

☐ Check this box if you need another referral pad