

Patient Referral for Medical Nutrition Therapy (MNT) Services

Please send referral for Teju Lakkundi by Fax: 1 (877) 389-9876 or Call: 919-228-9749

Patient Full Legal Name: _____ Date of Birth: _____

Address: _____

Phone #: _____ Gender: _____ Nick Name: _____

Age _____ yrs. Height _____ Weight _____ BMI _____ Blood Pressure _____

Please check (✓) the diagnoses you are requesting MNT counseling services for					
ICD 10	Diabetes	ICD 10	Weight Management		
E11.9	Type 2 Diabetes without complication	E66.3	Overweight		
E11.65	Type 2 Diabetes w hyperglycemia	E66.9	Obesity		
R73.03	Pre-Diabetes	R63.5	Abnormal Weight Gain		
R73.01	Impaired Fasting Glucose	R63.4	Abnormal Weight Loss		
R73.02	Impaired Glucose Tolerance	E46.0	Protein-Calorie Malnutrition		
E16.2	Hypoglycemia	Food Allergies			
Pregnancy		K90.0	Celiac Disease		
O24.419	Gestational Diabetes	E73.9	Lactose Intolerance		
O99.21	Obesity complicating Pregnancy	Z91.010	Allergy to peanuts		
O26.00	Excessive Weight Gain in Pregnancy	Z91.012	Allergy Eggs		
D50.9	Iron deficiency anemia	Z91.011	Allergy to Milk Products		
Cardiovascular		Z91.013	Allergy to Seafood		
I10	Hypertension	Z91.018	Allergy to other foods _____		
E78.0	Hypercholesterolemia	Gastrointestinal			
E78.49	Hyperlipidemia	K59.0	Constipation		
E78.1	Hypertriglyceridemia	R19.7	Diarrhea		
E88.81	Metabolic Syndrome	K31.84	Gastroparesis		
Renal		K58	Irritable bowel syndrome		
N11.1	Chronic obstructive pyelonephritis	K21.0	Gastro-esophageal reflux disease		
N18.	Chronic Kidney Disease Stage _____	K50.0	Crohn's		
Other		K51.9	Ulcerative Colitis		
Z71.3	General Dietary Counseling	K57.0	Diverticulitis		
	Other _____		Other _____		

Fluid Restrictions (if any) _____

Please attach a copy of pt facesheet, insurance card (front and back), medications, labs and most recent provider notes

Provider Name: _____

Provider Signature: _____ Date: _____ Time: _____

In-Network: BCBS, Cigna, Aetna, Medicare, UHC, UMR, and Humana Medicare

Access this form here: www.nutriforu.com/providers

