

NUTRITION SERVICES REFERRAL

Cook Nutrition, LLC

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**PLEASE FAX COMPLETED REFERRAL with supporting documentation
(medication list, recent clinic notes, and recent lab work (if available))**

Patient's Name: _____ Address: _____ Phone: _____ Sex: M <input type="checkbox"/> F <input type="checkbox"/> DOB: _____ Insurance plan: _____ ID#: _____ Referral Date: _____ Pt. allowed to exercise: <input type="checkbox"/> Yes <input type="checkbox"/> No	► PHYSICIAN DATA (REQUIRED) Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ NPI: _____ Signature: _____
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► SERVICES TO BE PERFORMED

- | | |
|--|--|
| <input type="checkbox"/> Initial Medical Nutrition Therapy (MNT) | <input type="checkbox"/> Follow-up Prediabetes Nutrition Education / MNT |
| <input type="checkbox"/> Follow-Up Medical Nutrition Therapy | <input type="checkbox"/> Weight Loss Counseling: Nutrition Behavior Change with Exercise |
| <input type="checkbox"/> Initial Prediabetes Nutrition Education / MNT | <input type="checkbox"/> Weight Loss Counseling: Nutrition Behavior Change without Exercise |
| <input type="checkbox"/> OTHER: _____ | |

► RX MEDICATIONS: list attached

Diabetes: _____ Anti-Lipemic: _____
 BP: _____ Diuretic: _____ Heart: _____

► LABS: results attached

A1c: _____ FBG: _____ BG: _____ Chol: _____ LDL-C: _____ HDL-C: _____ Trig: _____ BP: _____

► DIAGNOSES (REASON FOR REFERRAL) CHECK ALL THAT APPLY FOR REIMBURSEMENT AND MEDICAL NECESSITY

ICD-9	ICD-10	CHRONIC KIDNEY DISEASE (CKD)	ICD-9	ICD-10	E N D O C R I N E
5851	N181	CKD, Stage 1	250.01	E109	Type 1 diabetes, without complications
5852	N182	CKD, Stage 2 (mild)	250.03	E1065	Type 1 diabetes, with hyperglycemia
5853	N183	CKD, Stage 3 (moderate)	250.00	E119	Type 2 diabetes, without complications
5854	N184	CKD, Stage 4 (severe)	250.02	E1165	Type 2 diabetes, with hyperglycemia
5855	N185	CKD, Stage 5, unspecified	648.83	O24419	Gestational diabetes mellitus
		C A R D I O V A S C U L A R	648.83	O99810	Abnormal glucose complicating pregnancy
401.1	I10	Hypertension, essential (primary)	251.2	E162	Hypoglycemia, unspecified
272.0	E780	Hypercholesterolemia	790.21	R7301	IFG (FPG 100-125)
272.1	E781	Hypertriglyceridemia	790.2	R7302	IGT (2h PPG 140-199)
		G A S T R O I N T E S T I N A L	244.9	E039	Hypothyroidism, unspecified
579.0	K900	Celiac	256.4	E282	PCOS
787.91	R197	Diarrhea, unspecified	277.7	E8881	Metabolic syndrome
564.00	K5900	Constipation, unspecified			W E I G H T and O T H E R
555.9	K5090	Crohn's disease, unspecified, without complications	278.00	E669	Obesity, unspecified (BMI 30-39)
562.10	K5730	Diverticulosis, without bleeding, perforation or abscess	278.01	E6601	Morbid (severe) obesity due to excess calories (BMI: ≥ 40)
531.8	K219	GERD, without esophagitis	278.02	E663	Overweight (BMI 25-29)
564.1	K589	IBS, without diarrhea	783.1	R635	Abnormal weight gain
			307.1	F5000	Anorexia Nervosa, unspecified
			783.21	R634	Abnormal weight loss

