

PHYSICIANS: Nutrition & Lactation Referral Form

Fax to (832) 900-3160 or Email to sara@happyeatingforallchildren.com

PATIENT INFORMATION:

Patient Name: _____

Patient Date of Birth: _____/_____/_____

Phone Number: _____ Email: _____

INSURANCE INFORMATION:

Insurance Company Name: _____

Insurance Policy Number/Member ID: _____

Insurance Group Number: _____ Provider Phone Number: _____

Subscriber Name (name of policyholder): _____

Subscriber Date of Birth: _____/_____/_____

Referral To: Sara P Gonzalez RD LLC, DBA Happy Eating For All Children. NPI # 1326597576.

Specialty: Registered Dietitian Nutritionist, Registered Lactation Consultant

Referral for: Medical Nutrition Therapy: CPT Codes 97802 (initial visit x 1) and 97803 (follow up visits x 5)

TO BE COMPLETED BY REFERRING PHYSICIAN

This referral is valid for 1 year unless otherwise indicated: _____

PHYSICIAN INFORMATION:

Physician Name: _____

Physician Signature: _____ Date: _____/_____/_____

(If first referral, please include) Phone: _____ Fax: _____

DIAGNOSIS CODE(S): (ICD-10, please check all that apply.)

- | | |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> R63.3 - Feeding problem/healthy eating | <input type="checkbox"/> E11.9 - Type 2 diabetes (no insulin, no complication) |
| <input type="checkbox"/> R63.3 - Picky eater | <input type="checkbox"/> E11.65 - Type 2 diabetes with hyperglycemia |
| <input type="checkbox"/> R63.5 - Weight loss | <input type="checkbox"/> E11.9 - Type 2 diabetes with long-term insulin use |
| <input type="checkbox"/> R63.6 - Underweight | <input type="checkbox"/> Z79.4 - Long-term insulin use (current) |
| <input type="checkbox"/> Z68.1 - BMI \leq 19.9 (too low) | <input type="checkbox"/> O24.410 - Gestational diabetes (diet controlled) |
| <input type="checkbox"/> R63.5 - Excessive weight gain | <input type="checkbox"/> O24.414 - Gestational diabetes (insulin controlled) |
| <input type="checkbox"/> E66.3 - Overweight (BMI 25-29.9) | <input type="checkbox"/> O24.415 - Gestational diabetes (med controlled) |
| <input type="checkbox"/> E66.9 - Obesity (BMI \geq 30) | <input type="checkbox"/> O24.419 - Gestational diabetes (unspecified control) |
| <input type="checkbox"/> Z68.____ - BMI _____ | <input type="checkbox"/> Z78.9 - Vegetarian/vegan diet |
| <input type="checkbox"/> R73.03 - Prediabetes (HbA1C = 5.7-6.4% or
fasting glucose \geq 100 mg/dl) | <input type="checkbox"/> Z91.018 - Food allergy |
| <input type="checkbox"/> L83 - Acanthosis nigricans | <input type="checkbox"/> Other(s): _____ |