

Patient Referral for Medical Nutrition Therapy 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	
E11.69	Type 2 Diabetes w complication	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
O24.4	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 : patient face sheet, insurance card (front and back), medications, labs and provider notes

Provider Name: _____

Provider Signature: _____ Date: _____ Time: _____

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

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

