Nutrition Counseling Referral Form

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*****Please attach previous medical history and most recent lab reports*****

Patient: **Date of Birth:** **Date:**

Phone: **Insurance:** **Member ID**

Diagnosis:

Please check any common nutrition related codes that apply; add additional as needed.

☐	*E10.9 Type 1 Diabetes Mellitus without complications	☐	K21.0 Gastro-esophageal Reflux w/ Espophagitis
☐	*E10.69 Type 1 Diabetes Mellitus with other specified complication	☐	K21.9 Gastro-esophageal Reflux w/o Esophagitis
☐	*E11.65 Type 2 Diabetes Mellitus with hyperglycemia	☐	K58.9 Irritable Bowel w/o Diarrhea
☐	*E11.9 Type 2 Diabetes Mellitus without complcations	☐	K58.0 Irritable Bowel w/Diarrhea
☐	*E11.8 Type 2 Diabetes Mellitus with unspecified complications	☐	K31.84 Gastroparesis
☐	*N18.3 Chronic Kidney Disease, Stage 3	☐	K52.9 Colitis
☐	*N18.4 Chronic Kidney Disease, Stage 4	☐	K63.82 SIBO
☐	E66.3 Overwewight (BMI 25-29.9)	☐	K76.0 Steatosis of Liver
☐	E66.9 Obesity (BMI 30-39.9)	☐	F50.9 Disordered Eating, Unspecified
☐	E63.6 Underweight (BMI <19	☐	F50.81 Binge Eating Disorder
☐	E78.00 Hypercholesterolemia	☐	F50.82 Avoidant/Restrictive Food Intake Disorder
☐	E78.2 Mixed Hyperlipidemea	☐	_____
☐	I10 Primary Hypertension	☐	_____
☐	R73.03 Pre-Diabetes	☐	

Medicare Requirements:

~Note codes with an * are code categories covered by Medicare *- Type 1or 2 Diabetes Mellitus and Chronic Kidney Disease stage 3 or 4*

~Medicare requires referral from ***MD*** *or* ***DO***

Referring Physician:

Physician Name: NPI:

Office Name: Phone:

Physician Signature: Date:

Revised 8/19/2026