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PLEASE FAX COMPLETED ORDER TO #720-302-0613

Attach most recent labs and Previous Medical History as pertinent.

Nutrition Counseling Referral Form

PATIENT INFORMATION

Name: _____
 Phone: _____
 Insurance: _____
 Member ID: _____
 Date of Birth: _____

REFERRING PROVIDER INFORMATION

Office Name: _____
 City: _____
 Phone: _____
 Referring Provider: _____
 NPI: _____

Would you like Nutrition Dynamix to send a copy of the patient's Nutrition Progress Note? Yes _____ No _____

Diagnosis: Please circle any common nutrition related codes that apply. Add additional diagnostic codes with characters as long as possible.

E66.3	Overweight (BMI 25-29.9)	R73.03	Pre-diabetes
E66.9	Obesity (BMI 30-39.9)	E10.8	Type 1 Diabetes
E63.6	Underweight (BMI <19)	E11.65	Type 2 Diabetes with hyperglycemia
E78.00	Hypercholesterolemia		Other:
E78.2	Mixed hyperlipidemia		
I10	Primary hypertension	G0108 G0109	Diabetes Self-Management Education & Support (DSMES) *See info below.
K21.0	Gastro-esophageal reflux with esophagitis		
K21.9	Gastro-esophageal reflux w/o esophagitis		
K58.9	Irritable Bowel without diarrhea		
K58.0	Irritable Bowel with diarrhea		
	Other:		
	Other:		

***Diabetic Education (G0108/G0109):**

We offer an accredited Diabetes Self-Management Education and Support (DSMES) program. This is a series of classes offered monthly (in-person or virtual) focusing on a variety of diabetes health topics. This program is accredited by the American Diabetes Association and is covered by most insurance. Please circle codes above if you'd like your patient to attend.