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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: _____
 Address: _____
 Phone: _____
 MD Name: _____
 NPI: _____

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

Diagnosis: Please circle any common nutrition related codes that apply. *Add additional codes as needed.

E66.3	Overweight (BMI 25-29.9)	I10	Primary Hypertension
E66.9	Obesity (BMI 30-39.9)	K21.9	Gastro-Esophageal Reflux w/o esophagitis
E66.01	Morbid Obesity (BMI >40)	K21.0	Gastro-Esophageal Reflux with esophagitis
R63.6	Underweight (BMI <20)	K58.9	Irritable Bowel without diarrhea
E46.0	Malnutrition	K58.0	Irritable Bowel with diarrhea
E88.81	Metabolic Syndrome	E11.65	Type 2 Diabetes with Hyperglycemia
E78.00	Hypercholesterolemia	R73.03	Pre Diabetes
E78.1	Hyperglyceridemia		Other:
E78.2	Mixed Hyperlipidemia		Other:

*Please provide detailed Diagnosis Codes with characters as long as possible.

Note: MEDICARE ELIGIBILITY CRITERIA for Medical Nutrition Therapy (only DM and Renal Disease covered):

For **MEDICARE Diabetes:**

Must provide **ONE** of the following **Diabetes** diagnostic criteria for nutrition counseling coverage:

- FBG \geq 126 mg/dl on 2 tests: FBG: _____ and FBG: _____
- 2 hr OGTT \geq 200 mg/dl on 2 tests: 2 hr OGTT: _____ and 2 hr OGTT: _____
- Random BG \geq 200 mg/dl with symptoms of uncontrolled diabetes: Random BG: _____
 excessive thirst excessive urination excessive hunger blurry vision excessive tiredness unintentional wt loss
 tingling in extremities other: _____

For **MEDICARE Renal:**

- Must provide GFR lab: _____ (note:13 to 50 required for Medicare eligibility)