BeAtitud Wellness LLC
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Referral for Medical Nutrition Therapy (MNT)

Date:	Patient name:
Day time phone number:	Insurance: (Attach copy of front & back of card)
DOB:	Home address: Zip:

Above is referred for *medical nutrition therapy as a necessary part of medical treatment* and prevention of complications for diagnoses listed.

Referral Needs: ☐ New Diagnosis ☐ New treatment plan ☐ New complication

Special Needs: ☐ Language ☐ Hearing/Speech/Vision ☐ Learning/Processing

☐ Other:

✓ **Check all diagnoses that apply to this referral**

✓	ICD-10	ICD-10 Description	✓	ICD-10	ICD-10 Description
☐	E66.0	Obese due to excess calories	☐	E44.1	Mild malnutrition
☐	E66.01	Morbid obesity	☐	E46	Unspecified protein-calorie malnutrition
☐	E66.3	Overweight	☐		
☐	R63.6	Underweight	☐		
☐	E11	T2DM	☐		
☐	N18.1	CKD Stage 1	☐		
☐	N18.2	CKD Stage 2	☐		
☐	N18.31	CKD Stage 3a	☐		
☐	N18.32	CKD Stage 3b	☐		
☐	N18.4	CKD Stage 4	☐		
☐	I10	Essential hypertension	☐		
☐	E88.81	Metabolic syndrome	☐		
☐	E78.5	Hyperlipidemia	☐		
☐	E43	Severe malnutrition	☐		
☐	E44.0	Moderate malnutrition	☐		

✓ **Lab work** (Please attach or complete) BP ____/ ____

Hct/ Hgb	FBS &/or pc	Hgb A1c	Total Chol	HDL LDL	Non HDL	Trig	Ua Micro Albumin/Cr	BUN/ Cr	EGFR	Na/K	Phos/ PTH	Vit D

✓ **Exercise/Activity Plan**

☐ **Release:** may walk 20-30 min 5-7 x/week or _____

☐ **Not Released:** _____

✓ **Medications** – Please attach list

Physician signature X_____MD/DO Phone _____

NPI: _____ _____ Fax _____

Print MD/DO Name

The information requested above is Protected Health Information (PHI), and is the minimum necessary to execute delivery of patient services. Please understand as a link in the "Chain of Trust", all PHI will remain confidential as mandated by the Treatment, Payments, and Healthcare Operation Laws mandated by HIPAA.