

Physician Referral Form for Nutrition Care

Patient Name: _____

Referring Physician: _____

DOB: ____/____/____ SSN: ____-____-____

NPI#: _____

Address: _____

Organization: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: _____

Phone: _____

Referring to:

Cicely Shankle MS, LN, CNS
Certified Nutrition Specialist

NPI#: 1396302519

Lic#: 146810

Thrive Nutrition Consulting

600 University Ave. Suite 2A

Fairbanks, AK 99709

Phone: 907-206-3000

Fax: 907-331-0480

Diagnosis Codes – ICD-10

List here and/or select from boxes below:

Common ICD-10 Codes for nutritional referrals

No Specific Diagnosis

- ☐ Z71.3 = Dietary counseling and surveillance

Diabetes

- ☐ E10.____ = Type1DM
☐ E11.____ = Type2DM
☐ R73.03 = Pre-diabetes

Circulatory

- ☐ I10 = Hypertension
☐ I12 = hypertensive CKD

Weight Management

- ☐ E66.3 = overweight
☐ E66.9 = obesity, unspecified
☐ R63.4 = abnormal weight loss
☐ R63.5 = abnormal weight gain
☐ R63.6 = underweight

Digestive

- ☐ K50.9 = Crohn's disease, unspecified
☐ K51 = Ulcerative colitis
☐ K58 = IBS
☐ K59 = Constipation
☐ K59.1 = Diarrhea
☐ K90 = Celiac disease

Kidney Disease

- ☐ N18.(1-5) = stage (1-5) CKD
☐ Z48.22 = aftercare following kidney transplant

Pregnancy

- ☐ O24.410 = Gestational DM, diet controlled
☐ O24.414 = Gestational DM, insulin controlled

Endocrine/Metabolic

- ☐ E03.9 = hypothyroidism
☐ E16.2 = hypoglycemia
☐ E28.2 = PCOS
☐ E73.9 = lactose intolerance, unspecified
☐ E78.0 = hypercholesterolemia
☐ E78.5 = hyperlipidemia
☐ E78.9 = Disorder of lipoprotein metabolism, unspecified
☐ E88.81 = metabolic syndrome
☐ M10.9 = gout, unspecified

Other

- ☐ R73.01 = impaired fasting glucose
☐ D50.9 = iron deficiency anemia
☐ D53.9 = Nutrition anemia, unspecified
☐ D64.9 = Anemia, unspecified
☐ G47.30 = sleep apnea, unspecified

Plan of Care – Times per (week/month): _____ for _____ (week/month)

Comments:

Physician Signature: _____ NPI: _____ Date ____/____/____