



NUTRITION-FOCUSED HEALTH

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(406) 510-8777

REFERRAL FORM:

Patient name: _____ DOB: _____
 Address: _____ Insurance: _____
 _____ Phone: _____

Please check which ICD-10 code(s) the patient is being referred for. Use the blank ICD-10 spots for diagnoses not listed.

ICD-10: Description:

Type 1 Diabetes		Kidney Disease	
E10.____	Type 1 diabetes mellitus	N18.____	Chronic kidney disease
E10.64	Type 1 diabetes w/hypoglycemia	N18.5	Chronic kidney disease, stage 5
E10.65	Type 1 diabetes w/hyperglycemia	N18.4	Chronic kidney disease, stage 4
E10.9	Type 1 diabetes w/no complications	N18.32	Chronic kidney disease, stage 3b
Type 2 Diabetes		N18.31	Chronic kidney disease, stage 3a
E11.____	Type 2 diabetes mellitus	Cardiovascular, Endocrine & Metabolic Diseases	
E11.64	Type 2 diabetes w/hypoglycemia	I10	Hypertension
E11.65	Type 2 diabetes w/hyperglycemia	E78.0	Pure Hypercholesterolemia
E11.8	Type 2 diabetes w/ no complications	E78.5	Hyperlipidemia, unspecified
Weight Management & No specific dx		E88.81	Metabolic Syndrome
E66.3	Overweight	R73.01	Impaired Fasting Blood Glucose
E66.9	Obesity, unspecified	R73.03	Pre-Diabetes
Z68.____	BMI	Digestive	
R62.51	Failure to thrive, child	K21.9	GERD w/o esophagitis
R63.4	Abnormal weight loss	K50.____	Crohn's Disease
Z71.3	Dietary counseling and surveillance	K58	Irritable bowel syndrome
Other		K86.1	Other chronic pancreatitis
Please include description		K90.0	Celiac Disease
_____	_____		
_____	_____		

The above patient is referred for **medical nutrition therapy** as a necessary part of medical treatment and prevention for the diagnoses listed.

Provider signature: _____ Phone: _____
 Provider name (printed): _____ Fax: _____
 Provider NPI: _____

Please fax this referral sheet to Nutrition-Focused Health at (406) 510-8777 along with recent labs, chart notes, demographic info, and insurance.