REFERRAL FORM
MEDICAL NUTRITION THERAPY/DIABETES EDUCATION

SALUTE NUTRITION, PLLC - Phone: 425-285-5877 (office msg phone) - Fax: 425-977-0227
Locations: Kirkland, Edmonds, Renton, Telehealth
Email: admin@salutenutritionpllc.com Website: www.salutenutritionpllc.com

Instructions: Please fax (or scan and email) this completed form along with demographic sheet and pertinent labs and medication list. Please call with questions or to coordinate care.

Name:_____Date of Birth: ____/____/____

Primary phone number:_____Secondary phone number: _____

Email:_____Insurance:_____

Address _____City_____ Zip_____

- ❑ DIABETES SELF MANAGEMENT EDUCATION SERVICES – 10HRS PER YEAR INITIAL/2HRS PER YEAR SUBSEQUENT
- ❑ MEDICAL NUTRITION THERAPY

Commonly used ICD-10 Codes. Please check all that apply and alter/change as needed.

- ❑ Z68.___ : Body mass index (BMI):_____, adult
- ❑ E66.0 : Obese due to excess calories
- ❑ E66.01 : Morbid (severe) obesity due to excess calories
- ❑ E66.3 : Overweight
- ❑ E66.8 : Other obesity
- ❑ E66.9 : Obesity, unspecified – obesity NOS
- ❑ R63.4 : Abnormal weight loss
- ❑ R63.5 : Abnormal weight gain – non preg
- ❑ R63.6 : Underweight
- ❑ I10 : Essential (primary) hypertension
- ❑ E78.0 : Pure hypercholesterolemia
- ❑ E78.1 : Pure hyperglyceridemia
- ❑ E78.2 : Mixed hyperlipidemia
- ❑ E78.5 : Hyperlipidemia, unspecified
- ❑ E88.81 : Metabolic syndrome

- ❑ E10.___: Type 1 diabetes mellitus, _____
- ❑ E11.___: Type 2 diabetes mellitus, _____
- ❑ E16.1 : Other hypoglycemia
- ❑ E28.2 : Polycystic ovarian syndrome
- ❑ E03.9 : Hypothyroidism, unspecified
- ❑ R73.01 : Impaired fasting glucose
- ❑ R73.02 : Impaired glucose tolerance test
- ❑ R73.03 : Pre-diabetes
- ❑ O24.___ : Pre-existing diabetes mellitus, type _____, in pregnancy
- ❑ O24.410 : Gestational diabetes
- ❑ K21.__: GERD
- ❑ K50.__ : Crohn's disease
- ❑ Z71.3 : Dietary counseling and surveillance

- ❑ **Insulin pump assessment**
- ❑ **CGM assessment**
- ❑ **OTHER ____**

Date: ___/____/____Physician name (printed):_____

Physician signature_____NPI:_____

Group/Practice Name: _____Office Phone:_____Office Fax:_____