



Guided coaching for better health

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MEDICAL NUTRITION THERAPY (MNT) REFERRAL

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 _____

Commonly used MNT 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 – not during pregnancy
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
F50. ___ : Anorexia nervosa, _____
F50.2 : Bulimia nervosa
F50.9 : Eating disorder, unspecified
D50.8 : Other iron deficiency anemias (due to inadequate iron intake)
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
K21. ___ : Gastroesophageal reflux disease, _____
K50. ___ : Crohn’s disease, _____
K51 : Ulcerative colitis
K58 : Irritable bowel syndrome
K59 : Constipation
K90.0 : Celiac disease
O21.0 : Mild hyperemesis gravidarum
O24. ___ : Pre-existing diabetes mellitus, type _____, in pregnancy
O24.410 : Gestational diabetes mellitus, diet-controlled
OTHER _____
Z71.3 : Dietary counseling and surveillance
Diabetes Self Management Education

Date: ___/___/___ Physician name (printed): _____

Physician signature _____ NPI: _____

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