UD Health Nutrition Clinic
100 Discovery Blvd, 2nd Floor, Newark, DE 19713
Phone: 1-302-831-1165 Fax: 1-302-309-9163

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
☐	E11.65	T2 DM w/hyperglycemia	☐	F50.2	Bulimia nervosa
☐	E11.8	T2 DM w/unspec complications	☐	F50.8	Other eating disorder
☐	E11.9	T2 DM w/o complications	☐	F50.9	Eating disorder, unspecified
☐	E66.3	Overweight	☐	N18.1	Chronic kidney disease, stage 1
☐	E66.9	Obesity, unspecified	☐	N18.2	Chronic kidney disease, stage 2
☐	R63.4	Abnormal weight loss	☐	N18.3	Chronic kidney disease, stage 3
☐	R63.6	Underweight	☐	Other	Please list below
☐	Z68.1	BMI 19 or less adult	☐		
☐	Z68.51	BMI, pediatric,<5th %ile for age	☐		
☐	I10	Essential hypertension	☐		
☐	E78.2	Mixed hyperlipidemia	☐		
☐	E78.5	Hyperlipidemia, unspecified	☐		
☐	F50.0	Anorexia Nervosa, unspec.	☐		
☐	F50.1	Anorexia Nervosa, restricting	☐		
☐	F50.02	Anorexia Nervosa, binge/purge	☐		

✓ **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.