

FAX TO: 757-312-6245 CRH Lifestyle Center

## Referral for Medical Nutrition Therapy (MNT)

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Check all diagnoses that apply to this referral

#### Kidney Disease

- N18.31 CKD Stage 3a (GFR 45-59)
- N18.32 CKD Stage 3b (GFR 30-44)
- N18.4 CKD Stage 4 (GFR 15-30)
- N18.5 CKD Stage 5 (<15)

#### Type 1 Diabetes

- E10.64 Type 1 diabetes w/ hypoglycemia
- E10.65 Type 1 diabetes w/ hyperglycemia
- E10.9 Type 1 diabetes w/ no complications

#### Type 2 Diabetes

- E11.64 Type 2 diabetes w/ hypoglycemia
- E11.65 Type 2 diabetes w/ hyperglycemia
- E11.8 Type 2 diabetes w/ no complications

#### Cardiovascular, Endocrine, & Metabolic Diseases

- I10 Hypertension
- E78.0 Pure Hypercholesterolemia
- E78.5 Hyperlipidemia, unspecified
- E88.81 Metabolic Syndrome
- R73.01 Impaired Fasting Blood Glucose
- R73.03 Pre-Diabetes

#### Weight Management

- E66.3 Overweight
- E66.9 Obesity, unspecified

#### Other

- Z71.3 Dietary Counseling & Surveillance
- \_\_\_\_\_

### I am referring this patient for:

- Free Renal Nutrition Class** (includes free CKD nutrition class of approximately 2 hours)
- Complete Renal Nutrition Program** (includes free CKD nutrition class (2 hours) and 3 individual nutrition appointment (1 hour) with a Registered Dietitian)
- Nutrition Counseling/Medical Nutrition Therapy** (Individual counseling with a Registered Dietitian)
- Comments:** \_\_\_\_\_  
\_\_\_\_\_

Print Name of Referring Physician/Provider \_\_\_\_\_ Phone \_\_\_\_\_

Group Name and Address \_\_\_\_\_

Physician's/Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**If you have any questions, please call the Lifestyle Center at 757-312-6132.**