

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

#### Diabetes

- E10.64 Type 1 diabetes w/ hypoglycemia
- E10.65 Type 1 diabetes w/ hyperglycemia
- E10.9 Type 1 diabetes w/ no complications
- E11.64 Type 2 diabetes w/ hypoglycemia
- E11.65 Type 2 diabetes w/ hyperglycemia
- E11.8 Type 2 diabetes w/ no complications
- O24.4 Gestational Diabetes

#### 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 (GFR <15)

#### 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:

- Complete Diabetes Program** (Includes 2 individual appointments: 1 with a Diabetes Educator and 1 with a Registered Dietitian, and 3 group classes - approximately 2 hours each – day, evening, and virtual classes available).
- Diabetes Educator Consult and Diabetes Nutrition Consult** (Includes 2 individual appointments: 1 with a Diabetes Educator and 1 with a Registered Dietitian)
- Gestational Diabetes Consult** (Includes nutrition management and self-glucose monitoring)
- Nutrition Counseling/Medical Nutrition Therapy** (Individual counseling with a Registered Dietitian)
- Nutrition for Weight Management Class** (Includes nutrition class to help support weight loss)
- FREE Kidney Nutrition Class** (Includes CKD nutrition class of approximately 2 hours at no charge)
- FREE Diabetes Prevention Program** (Includes 1-year program that follows the CDC curriculum at no charge)
- Comments:** \_\_\_\_\_

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

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

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

The information contained in this facsimile message is privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of the communication is strictly prohibited. If you have received this communication in error, please notify us by telephone and return the original message to us at the above address via the U.S. Postal Service. **Thank you.**

**If you have any questions, please call us at 757-312-5263**