



WHOLE HEALTH NUTRITION, LLC

PHONE: (802) 999-9207 • FAX: (802) 488-5704

WWW.WHOLEHEALTHNUTRITIONVT.COM • RD@WHOLEHEALTHNUTRITIONVT.COM

Nutrition ICD-10 Referral Form

Please fax this form along with any pertinent clinical documentation to 802-488-5704.

Patient full name: _____ DOB: _____

Primary insurance: _____ Phone # (primary): _____

Diagnosis/ICD-10:

Weight related: <input type="checkbox"/> E46 - Malnutrition, unspecified <input type="checkbox"/> E66.3 - Overweight <input type="checkbox"/> E66.9 - Obesity unspecified <input type="checkbox"/> R63.6 - Underweight <input type="checkbox"/> R63.5 - Abnormal weight gain <input type="checkbox"/> R62.51 - Failure to thrive <input type="checkbox"/> R63.4 - Abnormal weight loss	Eating disorder: <input type="checkbox"/> F50.00 - Anorexia nervosa, restricting type <input type="checkbox"/> F50.2 - Bulimia nervosa <input type="checkbox"/> F50.81 - Binge Eating Disorder <input type="checkbox"/> F50.82 - Avoidant/Restrictive Feeding Disorder <input type="checkbox"/> F50.89 - Other Specified Eating Disorder *please specify: <input type="checkbox"/> F50.9 - Eating disorder, unspecified <input type="checkbox"/> R63.3 - Feeding difficulties <input type="checkbox"/> R63.31 - Pediatric feeding disorder, acute <input type="checkbox"/> R63.32 - Pediatric feeding disorder, chronic
Gastrointestinal <input type="checkbox"/> K21.9 - Gastroesophageal reflux <input type="checkbox"/> K25.9 - Gastric ulcer <input type="checkbox"/> K29.70 - Gastritis <input type="checkbox"/> K31.84 - Gastroparesis <input type="checkbox"/> K44.9 - Hiatal hernia <input type="checkbox"/> K50.90 - Crohn's disease <input type="checkbox"/> K51.90 - Ulcerative Colitis <input type="checkbox"/> K57.92 - Diverticulitis <input type="checkbox"/> K58.9 - Irritable bowel syndrome <input type="checkbox"/> K59.00 - Constipation <input type="checkbox"/> K86.1 - Chronic pancreatitis <input type="checkbox"/> K90.0 - Celiac disease <input type="checkbox"/> R19.7 - Diarrhea	Metabolic, Endocrine, & other: <input type="checkbox"/> E03.90 - Hypothyroidism <input type="checkbox"/> E05.90 - Hyperthyroidism <input type="checkbox"/> E10.9 - Type I diabetes mellitus <input type="checkbox"/> E11.9 - Type II diabetes mellitus <input type="checkbox"/> E28.2 - Polycystic ovarian syndrome <input type="checkbox"/> E61.1 - Iron deficiency <input type="checkbox"/> D64.9 - Anemia <input type="checkbox"/> E78.5 - Hyperlipidemia <input type="checkbox"/> O24.419 - Gestational diabetes <input type="checkbox"/> N18.9 - Chronic kidney disease <input type="checkbox"/> I10 - Hypertension <input type="checkbox"/> I25.10 - Cardiovascular disease <input type="checkbox"/> I50.9 - Congestive heart failure <input type="checkbox"/> M81.0 - Osteoporosis

Other: _____

The above is referred for medical nutrition therapy as part of medical treatment and prevention for diagnoses above

Physician signature: _____ NPI: _____ Date: _____