

REFERRAL FORM

Medical Nutrition Therapy (MNT)

East End Nutrition, PLLC

The Corwin House
12 1st Street – Rear Entrance
Riverhead, NY 11901

Mattituck Mental Health
11700 Main Road, Suite 1
Mattituck, NY 11952

EastEndNutrition.com
Phone 631.740.9330
Fax 631.207.8414

I AM REFERRING:

PHYSICIAN'S INFORMATION

Patient's Name	Physician's Name
Patient's Phone	Practice Phone
DOB	Practice Fax

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

✓ Please check all diagnoses that apply to this referral				*Covered by Medicare	
ICD-10	ENDOCRINE, METABOLIC, WEIGHT MGMT	ICD-10	RENAL		
E11.____	Type 2 Diabetes Mellitus *	N18.____	Chronic Kidney Disease, stage ____ *		
E10.____	Type 1 Diabetes Mellitus *	ICD-10	LIPID METABOLISM, CIRCULATORY		
O24.410	Gestational Diabetes, diet-controlled *	E78.5	Hyperlipidemia, unspecified		
O24.414	Gestational Diabetes, insulin-controlled*	E78.____	Pure hyper: _____		
R73.03	Prediabetes.	I10	Essential (primary) hypertension		
R73.09	Other Abnormal Fasting Glucose	ICD-10	DIGESTIVE SYSTEM		
E28.2	Polycystic ovarian syndrome	K50.9	Crohn' disease, unspecified		
E03.9	Hypothyroidism, unspecified	K51	Ulcerative colitis		
E88.81	Metabolic Syndrome	K58	Irritable bowel syndrome		
E66.01	Morbid (severe) Obesity, excess kcals	K90.0	Celiac disease		
E66.9	Obesity, unspecified	K52.2	Allergic/dietetic gastroenteritis and colitis		
E66.3	Overweight	K82.9	Disease of Gallbladder, unspecified		
OTHER	ICD-10: _____	Diagnosis:			

✓ Exercise Restrictions:

None

Yes, list limitations: _____

✓ Lab work (Please attach or complete)

Hct/ Hgb	FBG	Hgb Alc	Total Chol	LDL/ HDL	Trig	BUN/ Cr	EGFR	Vit D
/				/		/		

✓ Medications – Please attach list

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This medical nutrition therapy is a necessary part of the patient's medical treatment for the diagnoses listed above.

Physician's Signature

Provider NPI

Date