| Liz Marso, RDN, LN1908 N. Garfield Ave.Pierre, SD 57501EvolveNutritionWellness@gmail.com |  | p: 605-280-9676f: 844-222-5681www.EvolveNutritionPierre.com |
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| Medical Nutrition Therapy (MNT) Referral Form**Please fax to: 844-222-5681 or email to: EvolveNutritionWellness@gmail.com** |

| Patient name:  | Parent Name (under 18): |
| --- | --- |
| DOB: | Patient phone: |

Place ✔ next to all applicable diagnoses for the patient.

| **☑** | **ICD - 10** | **ICD - 10 Description** |
| --- | --- | --- |
|  |  | **Diabetes** |
| ⃞ | E10.64 | Type1 diabetes w/ hypoglycemia |
| ⃞ | E10.65 | Type1 diabetes w/ hyperglycemia |
| ⃞ | E10.9 | Type1 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 |
|  |  | **Weight Management** |
| ⃞ | E66.3 | Overweight |
| ⃞ | E66.9 | Obesity, unspecified |
| ⃞ | R63.6 | Underweight |
|  |  | **Kidney Disease** |
| ⃞ | N18.5 | Chronic Kidney Disease, stage 5 |
| ⃞ | N18.4 | Chronic Kidney Disease, stage 4 |
| ⃞ | N18.32 | Chronic Kidney Disease, stage 3b |
| ⃞ | N18.31 | Chronic Kidney Disease, stage 3a |
|  |  | **Cardiovascular, Endocrine & Metabolic Diseases** |
| ⃞ | I10 | Hypertension |
| ⃞ | E78.0 | Pure hypercholesterolemia |
| ⃞ | E78.5 | Hyperlipidemia, unspecified |
| ⃞ | E88.81 | Metabolic syndrome |
| ⃞ | R73.01 | Impared Fasting Blood Glucose |
| ⃞ | R73.03 | Pre-Diabetes |
|  |  | **Eating Disorders** |
| ⃞ | F50.00 | Anorexia Nervosa |
| ⃞ | F50.2 | Bulimia Nervosa |
| ⃞ | F50.9 | Eating Disorder, unspecified |
| ⃞ |  | **Other (please specify):** |

| Provider Signature: |  | Date: |  |
| --- | --- | --- | --- |
| Printed Name: |  | NPI: |  |
| Group/Practice Name: |  |  |  |
| Address: |  |  |  |  |
| Office Phone: |  | Fax: |  |

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