Saint Peter's University Hospital
Nutrition Education Referral Form

Outpatient Medical NutritionTherapy Referral: Please fax referrals to (732) 342-8438

Today's date:_____

Referring Physician:_____ UPIN#_____ Physician Phone #:_____ Fax #:_____

Patient's name (First, Middle, Last):_____

Address:_____ City:_____ State:_____ Zip:_____

Patient's home phone number:_____ Patient's cell phone number:_____

Insurance:_____ Authorization number (if needed):_____

Patient's DOB:_____ Patient's Height:_____ Patient's Weight:_____

Number of visits for Medical Nutrition Therapy (private consultation):

☐ RD to determine ☐ 3 visits ☐ 2 visits ☐ 1 visit

Please check all that apply.

Diabetes	ICD-10 Code
☐Type 1 without complications*	**E10.9**
☐Type 2 without complications*	**E11.9**
☐Type 1with hyperglycemia*	**E10.65**
☐Type 2 with hyperglycemia*	**E11.65**
☐Type 1 with spec complications	**E10.69**
☐Type 2 with spec complications	**E11.69**
☐Metabolic syndrome	**E88.81**
☐Gestational diabetes*	**O24.419**
☐Abnormal glucose	**R73.09**
☐Hypoglycemia,unspecified*	**E16.2**
Renal	
☐CKD, unspecified**	**N18.9**
☐Nephrotic syndrome	**N04.9**

Cardiovascular	ICD-10 Code
☐Pure hypercholesterolemia	**E78.0**
☐Pure hypertriglyceridemia	**E78.1**
☐Mixed hyperlipidemia	**E78.2**
☐Hypertension,,essential	**I10**
☐Heart failure	**I50.9**
Gastrointestinal	
☐GERD without esophagitis	**K21.9**
☐Constipation,functional	**K59.00**
☐Diarrhea, functional	**K59.1**
☐Diverticulosis without bleed	**K57.90**
☐Crohn's disease	**K50.90**
☐Ulcerative colitis	**K51.90**
☐Tropical sprue	**K90.1**
☐IBS without diarrhea	**K58.9**
☐Inflammatory liver disease, unspec	**K75.9**
☐Cholecystitis	**K81.9**
☐Gastroparesis	**K31.84**
☐Intestinal malabsorption	**K90.9**

Nutrition	ICD-10 Code
☐Overweight	**E66.3**
☐Underweight	**R63.6**
☐Failure to thrive,peds	**R62.51**
☐Obesity	**E66.9**
☐Morbid obesity	**E66.01**
☐ Abnormal wt gain	**R63.5**
☐Abnormal weight loss	**R63.4**
☐Dermatitis due to injested food	**L27.2**
☐Nutritional deficiencies	**E63.9**
☐Feeding difficulty	**R63.3**
☐Anorexia	**R63.0**
☐Protein calorie malnutrition-mild	**E44.1**
☐Protein calorie malnutrition-moderate	**E44.0**
☐Hyperthyroidism	**E05.90**
☐Hypothyroidism	**E03.9**
☐Osteoporosis	**M81.0**
Nutrition Support	
☐Gastrostomy status	**Z93.1**

Obstetrics	ICD-10 Code
☐Abnormal glucose in pregnancy	**O99.810**
☐Gestational diabetes	**O24.419**
☐ Excess wt gain	**O26.00**
☐Obesity,1st trimester	**O99.211**
☐Obesity,2nd trimester	**O99.212**
☐Obesity,3rd trimester	**O99.213**
☐Twin pregnancy	**O30.009**
☐Triplet pregnancy	**O30.109**
☐ HTN in pregnancy	**O10.019**

☐**Other:**

_____

_____

_____

MEDICATIONS	DOSAGE	LAB TEST	DATE

***/**Required for reimbursement**

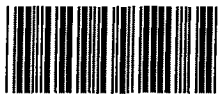
Comments_____

Special Needs Identified: ☐Language Barrier ☐Learning Disability ☐Wheelchair ☐Visual Impairment ☐Other_____

Thank You for referring your patient to Saint Peter's University Hospital Outpatient Nutrition Services

Physician Signature_____ Date_____ Time_____
(REQUIRED)

DY-273 (Rev. 10/15) Supersedes DY-273 (Rev. 12/05)



DY273