

Pure Nutrition LLC

Phone & Fax: 678-466-7025 Email NatalieFlolo@gmail.com

NUTRITION SERVICES REFERRAL

PLEASE FAX COMPLETED REFERRAL TO 678-466-7025 BEFORE GIVING TO PATIENT.

▶ PATIENT DATA Referral Date: _____		▶ PHYSICIAN DATA			
Name: _____		Name: _____			
Sex: M <input type="checkbox"/> F <input type="checkbox"/> DOB: _____ Phone: _____		Address: _____			
Insurance plan: _____		City: _____ State: _____ Zip: _____			
OK to exercise?: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes with limitations below:		Phone: _____ Fax: _____			
		NPI: _____ Signature: _____			
▶ SERVICES TO BE PERFORMED _____ Blood Glucose Monitoring & Meter Instruction					
_____ Medical Nutrition Therapy (MNT) _____ Bariatric / Weight Loss Surgery MNT					
_____ Pre-Diabetes Nutrition Education / MNT _____ Supermarket Tours for Disease Management (label reading / shopping tips)					
_____ Weight Loss Program: Nutrition Behavior Change _____ OTHER: _____					
▶ RX MEDICATIONS: Diabetes: _____ Anti-Lipemic: _____					
BP: _____ Diuretic: _____ Heart: _____					
Other: _____					
▶ LABS: DSME and Diabetes MNT: Medicare requires 2 FBG ≥ 126 mg OR 2, 2° OGTT >200 mg OR 1 random BG > 200 mg					
FBG: _____ FBG: _____ OGTT: _____ OGTT: _____ Random Glucose: _____ A1c: _____ Chol: _____ LDL: _____					
HDL: _____ Trig: _____ BP: _____ GFR: _____ Other: _____					
▶ DIAGNOSES: CHECK ALL THAT APPLY FOR REIMBURSEMENT AND REQUIRED MEDICAL NECESSITY DOCUMENTATION					
	ICD-9	CARDIOVASCULAR		ICD-9	ENDOCRINE
	272.0	Hypercholesterolemia		250.01	Type 1 diabetes
	272.1	Hypertriglyceridemia		250.03	Type 1 diabetes, uncontrolled
	272.2	Hyperlipidemia		250.00	Type 2 diabetes
	401.1	Hypertension, essential, benign		250.02	Type 2 diabetes, uncontrolled
	414.0	Coronary atherosclerosis		648.83	Gestational diabetes mellitus
	428.0	Congestive Heart Failure		251.2	Hypoglycemia, nondiabetic
	429.2	Cardiovascular disease		790.21	IFG (FPG ≥ 100 & < 126)
	ICD-9	GASTROINTESTINAL		790.2	IGT (2h PG ≥ 140 & < 200)
	579.0	Celiac		244.9	Hypothyroidism, unspecified
	556.9	Colitis, ulcerative, unspecified		256.4	PCOS
	564.0	Constipation		277.7	Syndrome X, dysmetabolic
	555.9	Crohn's disease			
	562.10, 562.11	Diverticulosis, diverticulitis		ICD-9	WEIGHT
	531.8	GERD		278.00	Obesity, unspecified (BMI: 30-39.9)
	564.1	IBS		278.01	Obesity, morbid (BMI: ≥ 40)
	ICD-9	RENAL		278.02	Overweight (BMI: 25-29.9)
	585.1	Stage I CKD, GFR 90		783.1	Abnormal weight gain
	585.2	Stage II CKD (mild) GFR 60-89		783.21	Loss of weight
	585.3	Stage III (moderate) GFR 30-59			
	585.4	Stage IV (severe) GFR 15-29		ICD-9	OTHER

The information requested above is Protected Health Information (PHI), and is the minimum necessary to execute delivery of patient services. Please understand as a link in the "Chain of Trust", all PHI will remain confidential as mandated by the Treatment, Payments, and Healthcare Operation Laws mandated by HIPAA.

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TO SCHEDULE AN APPOINTMENT:

Call Phone No.: 678-466-7025

FOR PATIENT USE:

MY APPOINTMENT DATE IS: _____ AT: _____ (AM / PM)

PLEASE BRING THIS REFERRAL TO YOUR APPOINTMENT
*** 24-HOUR NOTICE REQUIRED IF UNABLE TO KEEP SCHEDULED APPOINTMENT ***

CHECKLIST OF ITEMS TO BE BROUGHT TO YOUR APPOINTMENT:

- 1) Medical insurance cards
- 2) List of all prescription medications and supplements (times taken and doses)
- 3) Copies of latest blood tests / labs (or have your physician fax to: 678-466-7025)
- 4) This completed referral
- 5) Reading glasses, if needed
- 6) Blood glucose meter, if you have one
- 7) Blood glucose log, if you have one

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