Empowered Nutrition Consulting, LLC, Registered & Licensed Dietitians
Virtual telehealth appointments in CA, LA, and NY
Based in Cardiff by the Sea, CA
Rebecca Colvin, MPH, RDN, CSO
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Empowered Nutrition

Referral for Medical Nutrition Therapy

Steps: 1. Complete referral form. 2. Send completed form along with any pertinent information (e.g. progress note and labs) to: admin@empowerednutritionrdn.com or fax to **877-419-4325**.
In-network: Blue Cross Blue Shield, Anthem, Cencal

Patient Name: _____ Patient DOB: _____Patient email: _____

Please be sure to check off medical diagnoses on this form or provide through other records sent.

	ICD10	Diagnosis		ICD10	Diagnosis
	F50.01	Anorexia nervosa (restricting type)		E28.2	Polycystic ovarian syndrome
	F50.02	Anorexia nervosa (binge/purge type)		Z98.84	Bariatric surgery status
	F50.00	Anorexia nervosa (unspecified)		E44.0	Moderate protein-calorie malnutrition
	F50.2	Bulimia nervosa		R63.4	Abnormal weight loss
	F50.81	Binge Eating Disorder		R63.6	Underweight
	F50.89	Other specified eating disorder (OSFED)		Z72.4	Inappropriate diet and eating behaviors
	F50.9	Eating disorder, unspecified		F50.82	Avoidant/restrictive food intake disorder
	Z68.__	BMI < 19 or BMI > 30 (adult)		E03.9	Hypothyroidism, unspecified
	E66.09	Other obesity d/t excess calories		E10.___	Type 1 diabetes with_____
	E66.1	Drug-induced obesity		E10.9	Type 1 diabetes w/out complications
	E66.3	Overweight		E11.___	Type 2 diabetes with_____
	E63. 5	Abnormal weight gain		E11.9	Type 2 diabetes w/out complications
	E66.9	Obesity, unspecified		Z79.4	Long term (current) use of insulin
	R63.5	Abnormal weight gain - not pregnant		R73.01	Impaired fasting glucose
	K75.81	Nonalcoholic steatohepatitis (NASH)		R73.03	Prediabetes
	K76.0	Fatty (change of) liver, not classified		O24.4___	Gestational diabetes, _____controlled
	E88.81	Metabolic syndrome		O21.____	Hyperemesis gravidarum
	I10	Essential (primary) hypertension		O26.00	Excessive/low weight gain in pregnancy
	I50.9	Heart failure, unspecified		O99.210	Obesity complicating pregnancy
	N18.__	Chronic kidney disease, stage _____		E78.00	Pure hypercholesterolemia, unspecified

	K21.0	Gastroesophageal reflux without esophagitis		E78.1	Pure hyperglyceridemia
	K58	Irritable bowel syndrome (IBS)		E78.2	Mixed hyperlipidemia
	K58.0	Irritable bowel syndrome with diarrhea		E78.5	Hyperlipidemia, unspecified
	K58.1	Irritable bowel syndrome with constipation		K90.0	Celiac Disease
	K21.9	Gastroesophageal reflux without esophagitis		K50.__	Chron's disease_____
	K59	Constipation		K57.___	Diverticulosis of _____
	D5.___	Iron deficiency anemia	X	Z71.3	Dietary Counseling and surveillance
	R13. 12	Dysphagia		_____	Other ICD-10: _____
	_____	Other ICD-10:_____		_____	Other ICD-10: _____

Physician Signature _____ NPI Number _____

Physician Name _____Phone _____Date _____

Clinic Name _____ Fax _____

The above patient is referred for medical nutrition therapy as a necessary part of medical treatment and prevention for the diagnoses listed. The information requested above is Protected Health Information (PHI), and is the minimum necessary to execute the 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.