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Full Circle Nutrition

www.fullcirclenutrition.com

REFERRAL to DIETITIAN

(info required by CMS 1500)

Please fill out, obtain preauthorization code, if applicable then fax or mail to the Dietitian.

Send Demographic with MD Notes/Diagnosis easier and faster

| Patient Name | Referred By | |
|--|---|--|
| DOB | NPI | |
| Parent Name (if applicable) | Prior Authorization or MD Referral Code | |
| Patient Phone | Practice/Group Name | |
| Full Address | Provider Phone | |
| PRIMARY Insurance Plan, member ID Group# | Provider Full Address | |

Patient is Referred for the Following Reason(s): Dx code(s) please circle

| Abnormal Weigh | t Gain R63.5 | |
|-----------------------------|---------------------------|--|
| Acanthosis Nigri | cans L83 | |
| ALT elevated | R74.0 | |
| Anemia, Iron def | iciency D50.9 | |
| B12 Deficiency | D51.9 | |
| Bariatric Surgery | Status Z98.84 | |
| Celiac disease | K90.0 | |
| Chronic kidney d Stage 2 | N18.2 | |
| Chronic kidney d Stage 3 | isease, N18.3 | |
| Chronic kidney d Stage 4 | isease, N18.4 | |
| Combined hyper | lipidemia E78.4 | |
| Constipation | K59.00 | |
| crohn's disease | NOS K50.90 | |
| Diabetes I w/ | E40.05 | |
| Hyperglycemia | | |
| Diabetes II/unsp | ecified F11 9 | |

| Diabetes II/unspecified, | | |
|----------------------------|--|--|
| uncontrolled E11.65 | | |
| Dietary Counseling and | | |
| Surveillance Z71.3 | | |
| Essential hypertension | | |
| I10 | | |
| Failure to Thrive, ADULT | | |
| R62.7 | | |
| Failure to Thrive, CHILD | | |
| R62.51 | | |
| Family history of Diabetes | | |
| Z83.3 | | |
| Family history CVD | | |
| Z82.49 | | |
| | | |
| Fatty Liver / NASH / | | |
| NAFLD K75.81 | | |
| Feeding Difficulty R63.3 | | |
| Folate deficiency E53.8 | | |
| GERD K21.9 | | |
| Gestational Diabetes | | |
| O24.424 | | |
| Hashimotos Thyroiditis | | |
| E06.3 | | |
| Hypocalcemia, dietary | | |
| E58 | | |

| Hypoglycemia | E16.2 | |
|-----------------------------------|-----------------------------------|--|
| Hypothyroidism | E03.8 | |
| Impaired fasting | glucose R73.01 | |
| Impaired Glucos Tolerance | e R73.02 | |
| Metabolic syndro | ome E88.81 | |
| Irritable bowel sy | yndrome K58.9 | |
| Lactose intolera | nce E73.9 | |
| Loss of weight, unintended | R63.4 | |
| Mixed hyperlipid | emia E78.2 | |
| Morbid Obesity of calories | d/t excess E66.01 | |
| Non Celiac Glute sensitivity | en K90.41 | |
| Nutritional Defici unspecified | ency, E63.9 | |
| Obesity, excess | E66.09 | |
| Pediatric BMI <5 | ^{5th} % Z68.51 | |

| Pediatric BMI >95 th % Z68.54 | |
|--|--|
| Polycystic ovarian syndrome E28.2 | |
| Pre Diabetes R73.09 | |
| hypercholesterolemia E78.00 | |
| Pure hyperglyceridemia E78.1 | |
| Reactive Hypoinsulinemia ,/ Hyperinsulinism E16.1 | |
| Sucrase-isomaltase deficiency E74.31 | |
| Ulcerative colitis K51.80 | |
| Vitamin D Deficiency E55.9 | |
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