Children's of Alabama

Clinical Nutrition Outpatient Services
Referral Form

(205) 638-9204 office • (205) 638-6047 fax

Today's date _____

Patient's name_____ Date of birth_____ Gender: ❑ female ❑ male

Parent/Guardian name(s)_____

Telephone Number (H) _____ (C) _____ (W)_____

Mailing address_____

****Interpreter needed? ❑ No ❑ Yes (specify: language/hearing/other) _____

Patient's last Weight_____ Height_____ Date recorded_____

Reason for referral_____

_____

Medical History includes (list all past medical problems/diagnoses) _____

_____

_____

Physician Recommendations: ❑ Evaluation with Follow Up ❑ One Time Evaluation
❑ URGENT– Schedule within _____ weeks ❑ Non-urgent

ICD-10 Diagnosis Codes are required. Please check all that apply.

❑ Abnormal Weight Gain	R63.5	❑ Constipation	R59.00	❑ Obesity, other, due to excess calories	E66.09
❑ Abnormal Weight Loss	R63.4	❑ Dermatitis due to ingested food	L27.2	❑ Obesity, unspec	E66.9
❑ Allergic and dietetic gastroenteritis and colitis	K52.2	❑ Diabetes (select below)		❑ Other feeding disorders of infancy and childhood	F98.29
❑ Allergic Rhinitis due to food	J30.5	❑ Type 1 without complications	E10.9	❑ Other obesity	E66.8
❑ Anemia (select below)		❑ Type 1 with hyperglycemia	E10.65	❑ Overweight	E66.3
❑ Iron deficiency anemia, unspec	D50.9	❑ Type 2 without complications	E11.9	❑ Prematurity (select below)	
❑ Other iron deficiency anemias	D50.8	❑ Type 2 with hyperglycemia	E11.65	❑ Extremely low birth weight newborn, unspec weight	P07.00
❑ Other specified nutritional anemias	D53.8	❑ Other specified diabetes without complications	E13.9	❑ Other low birth weight newborn, unspec weight	P07.10
❑ Scorbutic anemia	D53.2	❑ Diarrhea, unspec	R19.7	❑ Short Stature	R62.52
❑ Anorexia, Loss of Appetite	R63.0	❑ Dysphagia, unspec	R13.10	❑ Underweight	R63.6
❑ Anorexia Nervosa, binge eating/ purging	F50.02	❑ Excessive eating/polyphagia	R63.2	❑_____	_____
❑ Anorexia Nervosa, restricting type	F50.01	❑ Failure to thrive	R62.51	❑_____	_____
❑ Anorexia Nervosa, unspec	F50.00	❑ Feeding difficulties	R63.3	❑_____	_____
❑ Asthma, other	J45.998	❑ GERD without esophagitis	K21.9	❑_____	_____
❑ Asthma, unspec, uncomplicated	J45.909	❑ Hypercholesterolemia, pure	E78.0	❑_____	_____
❑ Celiac Disease	K90.0	❑ Hyperglyceridemia, pure	E78.1	❑_____	_____
❑Congenital anomalies of heart, other specified (select below)		❑ Hyperlipidemia, unspec	E78.5	❑_____	_____
❑other congenital malformations of aortic and mitral valves	Q23.8	❑ Hypertension, essential (primary)	I10	❑_____	_____
❑congenital malformation of aortic and mitral valves, unspec	Q23.9	❑ Hypoglycemia, unspec	E16.2	❑_____	_____
❑ other specified congenital malformations of heart	Q24.8	❑ Malabsorption, other intestinal	K90.89	❑_____	_____
		❑ Malnutrition, mild protein-calorie	E44.1	❑_____	_____
		❑ Malnutrition, moderate protein-calorie	E44.0	❑_____	_____
		❑ Morbid (severe) obesity due to excess calories	E66.01	❑_____	_____
		❑ Nutritional deficiency, unspec	E63.9	❑_____	_____

Print MD name_____ MD Signature *(required)*_____

Contact Person_____ Office (P) _____ (F)_____

Fax completed form, growth chart, last clinic note, signed referral form and all pertinent labs/med list to (205) 638-6047. For more information, contact our office (205) 638-9204.

****Patients will not be contacted to schedule an appointment until all pertinent medical information is received****

To be completed by COA Clinical Nutrition:

❑ Appointment date/time: _____

Location: ❑ Children's South
❑ Other: _____

Clinician: _____

❑Refused outpatient nutrition consultation
❑No show for appointment
❑Unsuccessful x 3 attempts to contact caregiver
❑_____