Children's of Alabama

NUTRITION OUTPATIENT REFERRAL FORM - Huntsville

Please fax completed form, growth chart, last clinic note, and all pertinent labs/med list to (256) 533-0855. For more information, please call our office (256) 533-0833 ext 6. *** Please DO NOT fax without MD signature. Patients will not be contacted to schedule appointment until all requested information is received.*

Today's Date and Time _____

Patient Name_____ Date of Birth_____ Gender: ❑ Female ❑ Male

Guardian Name _____ Relationship to Patient _____

Preferred Contact Number ❑Cell ❑Home ❑Work ( ) _____ ( )_____

Guardian Mailing Address _____

Insurance Company/Policy #/Group # _____

Insurance coverage for nutrition services will vary by policy. Please make the guardian aware they may be financially responsible for co-pays and/or full payment for services rendered.

Weight _____ Date recorded _____ Height _____ Date recorded _____

Reason for Referral _____

_____

❑ One Time Evaluation ❑ Evaluation with Follow Up

***** Language Interpreter Needed for All Appointments ❑Yes ❑No*****

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

Reimbursable Codes for Nutrition Services	
❑ Abnormal Weight Gain	R63.5
❑ Elevated Glu Tolerance Test	R73.02
❑ Abnormal Wt Loss & Underwgt	R63.4
❑ Alternation of Nutrition	R63.8
❑ Anorexia, Loss of Appetite	R63.0
❑ Diarrhea, NOS	R19.7
❑ Dysphagia/Swallowing diff	R13.1
❑ Excessive Eating/Polyphagia	R63.2
❑ Excessive Thirst/Polydipsia	R63.1
❑ Failure to Thrive/Fx to gain	R62.51
❑ Feeding Difficulty/Food Refusal/ Rejection/Picky Eating	R63.3
❑ Hyperglycemia	R73.9
❑ Short Stature/Lack of Growth	R62.52
❑ Underweight	R63.6

Appropriate Secondary Diagnoses	
❑ Allergies, Food Related *(List specific food allergy with code)*	L27.2
_____ _____	
_____ _____	
_____ _____	
❑ Anemia	D64.9
❑ Anorexia Nervosa/Bulemia	F50.00
❑ Blood Pressure, Elevated, without Hypertension	R03.0
❑ BMI < 5th%	Z68.51
❑ BMI > 95th %	Z68.54
❑ Celiac Disease	K90.0
❑ Constipation	K59.00
❑ Diabetes type I, controlled	E10.9
❑ Diabetes type I, uncontrolled	E10.65
❑ Diabetes type II, controlled	E11.9
❑ Diabetes type II, uncontrolled	E11.65
❑ GERD	K21.9

Appropriate Secondary Diagnoses	
❑ Hypercholesterolemia	E78.0
❑ Hypertriglyceridemia	E78.1
❑ Hyperinsulinism	E16.1
❑ Hyperlipidemia, NOS	E78.5
❑ Hypertension	I10
❑ Hypoglycemia	E16.2
❑ Joint disorder /Walking diff	M25.9
❑ Malnutrition, mild	E44.1
❑ Malnutrition, moderate	E44.0
❑ Morbid Obesity	E66.01
❑ Nutritional Deficiency, Unspec	E63.9
❑ Obesity	E66.9
❑ Overweight	E66.3
❑ Prematurity, NOS	P07.30
❑ _____	_____
❑ _____	_____
❑ _____	_____

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

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MD Signature (required)_____ Print MD name_____

Physician Signature implies Registered Dietitian may diagnose additional conditions at time of assessment

Telephone_____ Fax_____

Contact Person_____