



Fit4Life Nutrition
 Ontario, CA 91761
 Phone: (909) 710-5794
 Secure Fax (HIPAA Compliant): (909) 752 -5257

Registered Dietitian: Isaac Diaz, MPH, LDN, RDN, CHES, NASM-CPT
 Individual NPI: 1386402188
 Organizational NPI: 1942013826

Dietitian Medical Nutrition Therapy (MNT) Referral Form

*California law (BPC § 2586) requires a written referral and prescription from a licensed healthcare provider for registered dietitians to provide Medical Nutrition Therapy (MNT) regardless if a patient has health insurance or not. General Nutrition Education does not meet clinical or the patient's insurance requirements.

Patient's Name: _____ **DOB:** _____

Patient's Phone: _____

Medical Record Number: _____

REASON FOR REFERRAL:	
<input type="checkbox"/> Weight Reduction Needed	<input type="checkbox"/> Food Allergy (Specify):
<input type="checkbox"/> Weight Gain Needed	<input type="checkbox"/> Low Cholesterol/Low Saturated Fat Diet
<input type="checkbox"/> Diabetes Medical Nutrition Therapy	<input type="checkbox"/> Low Sodium Diet
<input type="checkbox"/> Other :	

DIAGNOSIS CODE/S	
<input type="checkbox"/> O _____ - Gestational Diabetes Mellitus	<input type="checkbox"/> E _____ - Other Specified Diabetes Mellitus
<input type="checkbox"/> R73.9 - Hyperglycemia, unspecified	<input type="checkbox"/> K58.0 - Irritable bowel syndrome with diarrhea
<input type="checkbox"/> N18.9 - Chronic Kidney Disease, unspecified	<input type="checkbox"/> K58.9 - Irritable bowel syndrome without diarrhea
<input type="checkbox"/> N18.3 - Chronic Kidney Disease, Stage III	<input type="checkbox"/> K59.00 - Constipation, unspecified
<input type="checkbox"/> N18.4 - Chronic Kidney Disease, Stage IV	<input type="checkbox"/> K31.84 - Gastroparesis
<input type="checkbox"/> I10 - Essential (primary) hypertension	<input type="checkbox"/> K21.0 - Gastroesophageal reflux disease with esophagitis
<input type="checkbox"/> E78.00 - Pure hypercholesterolemia, unspecified	<input type="checkbox"/> K21.9 - Gastroesophageal reflux disease without esophagitis
<input type="checkbox"/> E78.1 - Pure Hyperlipidemia	<input type="checkbox"/> E66.01 - Morbid (severe) obesity due to excess calories
<input type="checkbox"/> E78.2 - Mixed Hyperlipidemia	<input type="checkbox"/> E66.09 - Other obesity due to excess calories
<input type="checkbox"/> R63.4 - Abnormal weight loss	<input type="checkbox"/> E66.1 - Drug-induced obesity
<input type="checkbox"/> R63.6 - Underweight	<input type="checkbox"/> E66.3 - Overweight
<input type="checkbox"/> R62.7 - Failure to thrive (adult)	<input type="checkbox"/> E66.8 - Other obesity
<input type="checkbox"/> E46 - Unspecified Protein Caloric Malnutrition	<input type="checkbox"/> E66.9 - Obesity, unspecified
<input type="checkbox"/> E55.9 - Vitamin D Deficiency, unspecified	<input type="checkbox"/> E88.81 - Metabolic Syndrome
<input type="checkbox"/> K90.0 - Celiac Disease	<input type="checkbox"/> R63.5 - Abnormal weight gain
<input type="checkbox"/> K52.29 - Allergic and dietetic gastroenteritis and colitis, other	<input type="checkbox"/> Z68. _____ - Body Mass Index (BMI)
<input type="checkbox"/> Other Dx and ICD-10 Code/s (specify):	

LABORATORY DATA & OTHER INFORMATION (*FIELD REQUIRED)			
*Wt:	*Date Wt:	*Ht:	*BMI:
Glomerular Filtration Rate (13-50 mL/min/1.73m):		Serum Creatinine:	BUN:
Fasting Blood Glucose (> 126 mg/dL):		HgbA1c:	
Total Cholesterol:		HDL:	LDL:
Triglycerides:		BP:	*Please attach any other labs if necessary
If patient requires nutrition support, provide current feeding regimen: <input type="checkbox"/> N/A			
Clearance for moderate to vigorous exercise: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Relevant medications (if any): <input type="checkbox"/> N/A			

Print Healthcare Professional Name: _____ MD DO PA NP

Signature: _____ **Date:** _____

Contact Phone: _____ **Fax:** _____

*Please fax completed form to Fit4Life Nutrition at (909)752 -5257.