



SWEDISH PHYSICIAN DIVISION

SWEDISH NUTRITION CARE CLINICS PHYSICIAN REFERRAL FORM

Patient Name: _____ Patient phone number: _____
 Physician Name: _____ Physician phone number: _____
 Physician Address: _____
 Reason for nutritional referral: _____
 Number of visits approved: _____ Approval expiration date: _____

Please circle the appropriate diagnosis and ICD-9 code

Diagnosis (circle one)				
Allergy to eggs	V15.03	Dumping syndrome	564.2	Irritable Bowel Syndrome 564.1
Allergy to milk products	V15.02	Dysphagia	787.2	Malabsorption syndrome, NOS 579.9
Allergy to peanuts	V15.01	Eating disorder	307.50	Malignant neoplasm, Primary/Secondary
Allergy to seafood	V15.04	Failure to thrive, infant	783.41	Ca in situ, by site _____
Allergy, other foods	V15.05	Fatigue	780.79	Malnutrition, protein/calorie
Anemia		Fatty liver	571.8	Mild 263.1
Iron deficiency		Gallbladder disorder, unspecified	575.9	Moderate 263.0
Chronic (secondary to blood loss)	280.0	Glucose / Lactose intolerance	271.3	Unspecified 263.9
Secondary to inadequate dietary intake	280.1	Gluten enteropathy	579.0	Meniere's Disease, unspecified 386.00
Other specified	280.8	Gout, unspecified	274.9	Obesity
Unspecified	280.9	Grave's disease, w/o thyrotoxic crisis	242.00	Morbid 278.01
Pernicious	281.0	Hepatitis C, acute	070.51	Unspecified 278.00
Other Vitamin B12 deficiency	281.1	Hepatitis C, chronic	070.59	Obstetrical, antepartum
Anorexia	783.0	Hyperglycemia	790.6	Abnormal GTT (gestational diabetes)
Anorexia Nervosa	307.1	Hypoglycemia	251.2	Anemia 648.23
ASCVD	429.2	Hypercholesterolemia, pure	272.0	Edema/excessive weight gain 646.13
Atherosclerosis, generalized & unspecified	440.9	Hyperlipidemia, mixed	272.2	Excessive fetal growth 656.63
Blood sugar, abnormal, high	790.2	Hypertriglyceridemia	272.1	Hyperemesis, mild 643.03
Blood sugar, low	251.2	Hypertension, benign	401.1	Pancreatitis, acute 577.0
Bulimia	307.51	Hypertension, malignant	401.0	Pancreatitis, chronic 577.1
Celiac Sprue	579.0	Hypertensive heart disease		Polycystic ovarian disease 256.4
Cirrhosis of the liver, alcoholic	571.2	Benign w/ heart failure	402.11	Reactive Hypoglycemia 251.2
Cirrhosis of the liver, non-alcoholic	571.5	Benign w/o heart failure	402.10	Reflux 530.81
Colitis, NOS	558.9	Malignant w/ heart failure	402.01	Renal failure, chronic 585
Crohn's Disease, NOS	555.9	Malignant w/o heart failure	402.00	Sleep Apnea 780.57
Diabetes w/ renal manifestations	250.4	Unspecified w/ heart failure	402.90	Ulcer, gastric, acute, w/ hem 532.0
Diabetes, type I, controlled	250.01	Unspecified w/o heart failure	402.91	Ulcerative colitis 556.9
Diabetes, type I, uncontrolled	250.03	Hyperthyroidism w/o thyrotoxic crisis	242.90	Weight gain, abnormal 783.1
Diabetes, type II, controlled	250.00	Hypothyroidism, acquired		Weight loss, abnormal 783.21
Diabetes, type II, uncontrolled	250.02	Due to iodine	244.2	Other Diagnosis with ICD-9 code
Dietary surveillance & counseling	V65.3	Other iatrogenic	244.3	
Diverticulitis of colon w/ hemorrhage	562.13	Post surgical	244.0	
Diverticulitis of colon w/o hemorrhage	562.11	Other postablative	244.1	
Diverticulosis of colon w/ hemorrhage	562.12	Other specified, acquired	244.8	
Diverticulosis of colon w/o hemorrhage	562.10	Unspecified	244.9	
Down's Syndrome	758.0	Hypersomnia w/ sleep apnea	780.53	

Patient Data:

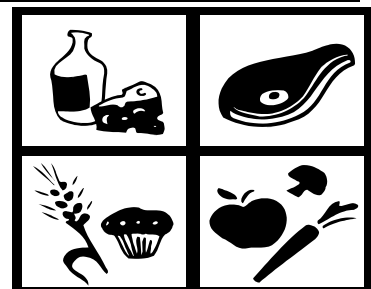
Current weight: _____ Height: _____ Blood Pressure: _____/_____

Please fax to (206) 781-6196 or have patient call (206) 781-6228 to schedule an appointment.

Please attach a copy of any pertinent laboratory tests.

Please check: Swedish Cancer Institute Ballard Nutritional Care Clinic
 First Hill Nutritional Care Clinic

Mailing Address: Swedish Medical Center
 Nutrition Care Clinic
 5300 Tallman Ave. N.W.
 Seattle, WA 98107-1507



Physician signature: _____ Date: _____