



SWEDISH

DIABETES EDUCATION CENTER

## MEDICAL NUTRITION THERAPY REFERRAL FORM

Dear Doctor,

Your patient may qualify for Medical Nutrition Therapy Follow-up for his / her diabetes management. Please complete the following referral form, first circling the diabetes diagnosis in the section with the bold lines around it along with other diagnostic codes deemed appropriate for nutrition assistance. Thanks!

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient phone number: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_  
\_\_\_\_\_Reason for Nutritional referral:  Continued diabetes management education and follow up

Other: \_\_\_\_\_ (Please fax current labs if available)

Number of authorized visits approved: \_\_\_\_\_ (*Under MNT guidelines, up to 3 visits per year allowed*)

Diagnosis (circle one)				
Abnormal Glucose, other	790.29	Dumping syndrome	564.2	Irritable Bowel Syndrome 564.1
Allergy to eggs	V15.03	Dysphagia	787.2	Malabsorption syndrome, NOS 579.9
Allergy to milk products	V15.02	Eating disorder	307.50	Malignant neoplasm, Primary/Secondary
Allergy to peanuts	V15.01	Failure to thrive, infant	783.41	Ca in situ, by site
Allergy to seafood	V15.04	Fatigue	780.79	Malnutrition, protein/calorie
Allergy, other foods	V15.05	Fatty liver	571.8	Mild 263.1
Anemia		Gallbladder disorder, unspecified	575.9	Moderate 263.0
Iron deficiency		Glucose / Lactose intolerance	271.3	Unspecified 263.9
Chronic (secondary to blood loss)	280.0	Gout, unspecified	274.9	Meniere's Disease, unspecified 386.00
Secondary to inadequate dietary intake	280.1	Grave's disease, w/o thyrotoxic crisis	242.00	Obesity
Other specified	280.8	Hepatitis C, acute	070.51	Morbid 278.01
Unspecified	280.9	Hepatitis C, chronic	070.54	Unspecified 278.00
Pernicious	281.0	Hyperglycemia	790.6	Obstetrical, antepartum
Other Vitamin B12 deficiency	281.1	Hypoglycemia	251.2	Abnormal GTT (gestational diabetes) 648.83
Anorexia	783.0	Hypercholesterolemia, pure	272.0	Anemia 648.23
Anorexia Nervosa	307.1	Hyperlipidemia, other unspecified	272.4	Edema/excessive weight gain 646.13
ASCVD	429.2	Hyperlipidemia, mixed	272.2	Excessive fetal growth 656.63
Atherosclerosis, generalized & unspecified	440.9	Hypertriglyceridemia	272.1	Hyperemesis, mild 643.03
Blood sugar, abnormal, high	790.2	Hypertension, benign	401.1	Overweight 278.02
Bulimia	307.51	Hypertension, malignant	401.0	Pancreatitis, acute 577.0
Celiac Sprue	579.0	Hypertensive heart disease		Pancreatitis, chronic 577.1
Chronic kidney disease, unspecified	585.9	Benign w/ heart failure	402.11	Polycystic ovarian disease 256.4
Cirrhosis of the liver, alcoholic	571.2	Benign w/o heart failure	402.10	Preterm infant weight unspecified 765.10
Cirrhosis of the liver, non-alcoholic	571.5	Malignant w/ heart failure	402.01	Reflux 530.81
Colitis, NOS	558.9	Malignant w/o heart failure	402.00	Sleep Apnea 780.57
Crohn's Disease, NOS	555.9	Unspecified w/ heart failure	402.90	Ulcer, gastric, acute, w/ hem 532.0
<b>Diabetes w/ renal manifestations</b>	<b>250.4</b>	Unspecified w/o heart failure	402.91	Ulcerative colitis 556.9
Diabetes, type I, controlled	250.01	Hyperthyroidism w/o thyrotoxic crisis	242.90	Weight gain, abnormal 783.1
Diabetes, type I, uncontrolled	250.03	Hypothyroidism, acquired		Weight loss, abnormal 783.21
Diabetes, type II, controlled	250.00	Due to iodine	244.2	Other Diagnosis
Diabetes, type II, uncontrolled	250.02	Other iatrogenic	244.3	
Dietary surveillance & counseling	V65.3	Post surgical	244.0	
Diverticulitis of colon w/ hemorrhage	562.13	Other postablative	244.1	
Diverticulitis of colon w/o hemorrhage	562.11	Other specified, acquired	244.8	
Diverticulosis of colon w/ hemorrhage	562.12	Unspecified	244.9	
Diverticulosis of colon w/o hemorrhage	562.10	Hypersomnia w/ sleep apnea	780.53	
Down's Syndrome	758.0	Impaired glucose tolerance test (oral)	790.22	

PLEASE FAX ALL REFERRALS TO: SWEDISH DIABETES EDUCATION CENTER AT #206-215-2457

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_