



**Nutrition, Fitness & Wellness Services**

**VitalRD.com**

**Phone: 303-562-4500 Fax: 833-875-6789**

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

Telephone number \_\_\_\_\_

Referral for service: Individual counseling /Medical Nutrition Therapy

Reason for referral (circle the appropriate diagnosis): Please include ICD-10

Please include medical notes for history reviewal.

Code notes/comments: \_\_\_\_\_

Z71.3 Dietary Surveillance and Counseling	R13.1 Dysphagia
R63.4 Abnormal Weight Loss	E03.9 Hypothyroidism, unspecified
D64.9 Anemia, Unspecified	I11.0 Hypertensive With Heart Disease With CHF
K90.0 Celiac Disease	I11.9 Hypertensive Heart Disease Without CHF
K59 Constipation	E78.5 Hyperlipidemia, Unspecified
K50.9 Crohn's disease, unspecified	024.410 Gestational Diabetes, Diet Controlled
E11.9 Diabetes Mellitus Type 2 Without Complications	024.414 Gestational Diabetes, Insulin Controlled
E11.8 Diabetes Mellitus Type 2 & Unspecified Complications	I11.0 Hypertensive With Heart Disease With CHF
E10.8 Type 1 Diabetes Mellitus & Unspecified Complications	E78.5 Hyperlipidemia, Unspecified
E10.9 Type 1 Diabetes Mellitus Without Complications	K58 Irritable Bowel Syndrome
R73.03 Pre-diabetes	271.3 Lactose Intolerance
K57.3 Diverticulosis of Large Intestine	E88.81 Metabolic Syndrome
K50.9 Eating Disorder Unspecified	E66.01 Morbid Obesity
R62.51 Failure to thrive	E66.9 Obesity, Unspecified
693.1 Food allergies	256.4 Polycystic Ovarian Syndrome
K21.0 Gastroesophageal Reflux Disease	K91.1 Post Gastric Surgery Syndrome
K59.1 Diarrhea	579.3 Short bowel syndrome

Labs: \_\_\_\_\_

If lab work is available, please include with referral.

Referred By (Print) \_\_\_\_\_ Physician UPIN/NPI # \_\_\_\_\_

Referred By (Signature) \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

We greatly appreciate your referral!