

REGISTERED DIETITIAN REFERRAL
JMH Nutrition Consulting - Jessica Hayes, MS,RD, LDN

*We accept the following insurance: Aetna, BCBS, Cigna, Medicare, and United Healthcare,
and also offer affordable self-pay options.*

Please FAX referral and labs, meds, and dem page to (888) 972-7994

▶ PATIENT DATA

Name: _____ Sex: M ___ F ___ DOB: _____ Phone: _____
Pt. allowed to exercise: ___ Yes ___ No Comments:

▶ RX MEDICATIONS AND LABS (fax data with this form or fill out below) Pre-Auth: Yes No Comments:

▶ SERVICES TO BE PERFORMED

Nutrition:

___ Initial Medical Nutrition Therapy (MNT) (1 session)
___ Follow-Up Medical Nutrition Therapy (2 sessions)
___ Additional MNT in Same Calendar Yr: Number of hours (13 - 50 recommended) _____

▶ REASON FOR REFERRAL:

OR Check ALL That Apply for Nutrition Therapy:

ICD-10	ENDOCRINE	ICD-10	RENAL
E10.6	Type 1 diabetes, without complication	N18.1	CKD, Stage I
	Type 1 diabetes with complications (please specify):	N18.2	CKD, Stage II (mild)
E11.9	Type 2 diabetes, without complication	N18.31	CKD, Stage IIIa (moderate)
	Type 2 diabetes with complications (please specify):	N18.32	CKD, Stage IIIb (moderate)
R73.03	Prediabetes	N18.4	CKD, Stage IV (Severe)
E28.2	PCOS		CARDIOVASCULAR
O24.419	Gestational Diabetes Mellitus	I10	Hypertension, essential, benign
F50.0-50.8	Eating Disorders	E78.5	Hyperlipidemia
	PREVENTION		WEIGHT
Z71.3	Dietary Surveillance and Counseling	E66.01	Morbid obesity
	INTESTINAL/GI	Z68. __	BMI Specify (_____)
K21.00	Reflux, Esophagitis		
K50.9	Crohn's Disease		OTHER:
K51.00	Ulcerative Colitis		

▶ REFERRING PRACTITIONER:

Print Name:

Signature: _____ NPI: _____ DATE: _____