



Wellness and Nutrition Services: Denver

6767 S. Spruce St. • Suite 125 • Englewood, CO 80112 • Phone 303-779-9355 • Fax 303-779-0956

Outpatient Nutrition Services Referral Form

Please Fax to 303-779-0956

www.DenverWellnessAndNutrition.com

Patient Information:

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ SSN \_\_\_\_\_

Telephone Number \_\_\_\_\_

Insurance provider \_\_\_\_\_

Referral for service:

Individual Counseling / Medical Nutrition Therapy    Weight Loss Class

Reason for Referral:

- |                                      |  |
|--------------------------------------|--|
| 783.2 Abnormal Weight loss           | 693.1 Food Allergy                         |
| 285.9 Anemia, unspecified            | 530.81 Gastroesophageal Reflux             |
| 414.0 Arteriosclerotic Heart Disease | 579.0 Gluten Sensitive Enteropathy         |
| 564.1 Bowel, Irritable Syndrome      | 272.0 Hypercholesterolemia                 |
| 429.2 Cardiovascular Disease         | 272.4 Hyperlipidemia                       |
| 585._ Chronic Kidney Disease/CRF     | 251.2 Hypoglycemia                         |
| 428.0 Congestive Heart Failure       | 401.9 Hypertension                         |
| 555.9 Crohn's Disease                | 646.8 Insufficient Weight Gain, Pregnancy  |
| 277.0 Cystic Fibrosis                | V42.0 Kidney Transplant                    |
| 250.03 Diabetes Type 1               | 271.3 Lactose Intolerance                  |
| 250.02 Diabetes Type 2               | 278.0 Obesity                              |
| 250.0_ Diabetes, Other               | 733.0 Osteoporosis                         |
| 562.10 Diverticulosis                | 564.2 Post Gastrectomy Syndrome            |
| 787.2 Dysphagia                      | V22.2 Pregnancy, Normal                    |
| 307.5 Eating disorder, unspecified   | 780.5 Sleep Apnea                          |
| 648.8 Gestational Diabetes           | 94690 Med Gem Reading (resting metabolism) |

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

If lab work available, please include with referral.

Other \_\_\_\_\_

Please Include ICD-9 Code

Notes/Comments: \_\_\_\_\_

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

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

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

We greatly appreciate your referral!