



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!