

Referral Form



Nutrition Link Services

Phone: 845-566-3506

Fax: 833-317-1132

Medical Nutrition Therapy (MNT)

I am Referring:

Patient's Name:		Physician's Name:
Patient's Address:		Address of Practice:
Patient's Phone #:		Physician's Phone #:
SS #:	DOB:	Fax #:
Insurance:	Policy #:	Physician's NPI/UPIN #:

Physician's Information

Nutrition Link Location:

Berkeley Heights Freehold Iselin Jersey City Moorestown Paramus Princeton Redbank

Physician's Order:

_____ Initial Medical Nutrition Therapy (MNT)

_____ Annual follow-up MNT

_____ Additional MNT services in the same calendar year per CDN recommendations

_____ Other _____

Medical Diagnoses (Check all that apply below)		*Required in order to initiate MNT service	
ICD-10	Endocrine, Nutritional and metabolic immunity		Circulatory System
E11.9	Type 2 diabetes mellitus without complications	I10-I15	Essential hypertension
E10.9	Type 1 diabetes mellitus without complications	I11.9	Hypertensive heart disease without heart failure
E11.65	Type 2 diabetes mellitus with hyperglycemia	ICD-10	Eating Disorders
E11.69	Type 2 diabetes mellitus with other specified complication	F50.00	Anorexia nervosa, unspecified
E16.2	Hypoglycemia, unspecified	F50.2	Bulimia nervosa
E74.39	Other disorders of intestinal carbohydrate absorption	F50.8	Other eating disorders / binge-eating disorder (BED)
E78.0	Pure hypercholesterolemia	F50.9	Eating disorder, unspecified
E28.2	Polycystic ovarian syndrome		Digestive System
E74.9	Disorder of carbohydrate metabolism, unspecified	K50.90	Crohn's disease, unspecified, without complications
E78.1	Pure hyperglyceridemia	K51.80	Other ulcerative colitis without complications
E78.5	Hyperlipidemia, unspecified	K57.30	Diverticulosis of large intestine without perforation or abscess without bleeding
E78.4	Other hyperlipidemia	K58.9	Irritable bowel syndrome without diarrhea
E78.2	Mixed hyperlipidemia	K58.0	Irritable bowel syndrome with diarrhea
E78.9	Disorder of lipoprotein metabolism, unspecified	K82.9	Disease of gallbladder, unspecified
E88.81	Metabolic syndrome		Genitourinary System
E66.3	Overweight	N18.3	Chronic kidney disease, stage 3 (moderate)
E66.9	Obesity, unspecified	N18.4	Chronic kidney disease, stage 4 (severe)
E66.01	Morbid Obesity	N18.5	Chronic kidney disease, stage 5
Z71.3	Healthy Eating/Dietary Surveillance	N18.9	Chronic kidney disease
R68.9	General	L27.2	Dermatitis due to ingested food
Z72.4	Inappropriate Diet & Eating Habits		Other: _____
R63.4	Abnormal weight loss	M88.9	Disorder of bone, unspecified

Exercise Restrictions:

_____ None

_____ Yes, list limitations: _____

Referral Form



Nutrition Link Services

Phone: 845-566-3506

Fax: 833-317-1132

Medical Nutrition Therapy (MNT)

Labs and Medications: A1c: ____ T Chol: ____ LDL-C: ____ HDL-C: ____ Trig: ____ Renal GFR: ____

Or please attach or fax patient's annual lab results, current medications, and insurance card.

This medical nutrition therapy is a necessary part of the patient's medical treatment for the diagnoses listed above.

Physician's Signature

Physician's Provider NPI/UPIN#

Date

Please FAX or EMAIL the completed referral form to Nutrition Link Services, LLC
FAX (833) 317-1132 | EMAIL wellness@nutritionlinkservices.com