

Instructions: Complete the form and fax to NutriliciousbyZ, LLC at 1-888-974-4238.  
 Please have the patient call at 214-914-3778 to schedule an appointment.  
 Give the original form to patient to bring to their appointment.  
 Please call with questions or to coordinate care.

**Patient's name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Patient's phone:** \_\_\_\_\_ **Referral Date:** \_\_\_\_\_

**Patient's address:** \_\_\_\_\_

**Insurance:** \_\_\_\_\_ or  **Private Pay**

**Referred by:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Number of visits for direct to patient Medical Nutrition Therapy sessions with dietitian:**

- RDN to determine     1     2     3     4     5     6     7     8

**ICD-9 Diagnosis Codes** (Check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 783.1 Abnormal Weight Gain                  | <input type="checkbox"/> 250.01 Diabetes, Type 1                         | <input type="checkbox"/> 272.2 Hyperlipidemia           |
| <input type="checkbox"/> 783.2 Abnormal Weight Loss                  | <input type="checkbox"/> 250.0 Diabetes, Type 2                          | <input type="checkbox"/> 401.9 Hypertension, Essential  |
| <input type="checkbox"/> 285.9 Anemia, Unspecified                   | <input type="checkbox"/> 250.4 Diabetic Neuropathy                       | <input type="checkbox"/> 242.9 Hypothyroidism           |
| <input type="checkbox"/> 716.9 Arthritis                             | <input type="checkbox"/> 558.9 Diarrhea                                  | <input type="checkbox"/> 271.3 Lactose Intolerance      |
| <input type="checkbox"/> 493.9 Asthma                                | <input type="checkbox"/> 562.11 Diverticulitis                           | <input type="checkbox"/> 263.9 Malnutrition             |
| <input type="checkbox"/> 414.0 Arteriosclerotic Heart Disease (ASHD) | <input type="checkbox"/> 562.1 Diverticulosis                            | <input type="checkbox"/> 412 Myocardial Infarction      |
| <input type="checkbox"/> 564.1 Bowel Irritable Syndrome              | <input type="checkbox"/> 787.2 Dysphagia                                 | <input type="checkbox"/> 278.0 Obesity (BMI 30-39.9)    |
| <input type="checkbox"/> 574.2 Cholelithiasis                        | <input type="checkbox"/> 693.1 Food Allergy                              | <input type="checkbox"/> 278.01 Morbid Obesity (BMI>40) |
| <input type="checkbox"/> 585 Chronic Renal Failure                   | <input type="checkbox"/> 535.4 Gastritis                                 | <input type="checkbox"/> 733.00 Osteoporosis            |
| <input type="checkbox"/> 428.0 Congestive Heart Failure              | <input type="checkbox"/> 558.9 Gastroenteritis                           | <input type="checkbox"/> 533.0 Peptic Ulcer Disease     |
| <input type="checkbox"/> 564.0 Constipation                          | <input type="checkbox"/> 530.81 Gastroesophageal Reflux                  | <input type="checkbox"/> 593.9 Renal Disease            |
| <input type="checkbox"/> 555.9 Crohn's Disease                       | <input type="checkbox"/> 271.3 Glucose Intolerance                       | <input type="checkbox"/> 780.5 Sleep Apnea              |
| <input type="checkbox"/> 722.6 Deg. Disk Disease                     | <input type="checkbox"/> 579.0 Glucose Sensitive Enteropathy             | <input type="checkbox"/> 556.9 Ulcerative Colitis       |
| <input type="checkbox"/> 715.9 Deg. Joint Disease                    | <input type="checkbox"/> 274.9 Gout                                      | <input type="checkbox"/> 269.2 Vitamin Deficiency       |
| <input type="checkbox"/> 648.8 Diabetes, Gestational                 | <input type="checkbox"/> 042.0 HIV Infection with specified Interactions | <input type="checkbox"/> Other _____                    |

**Send Consult report to:**  Office listed above.

**Fax to:** \_\_\_\_\_

\_\_\_\_\_  
**Physician's signature**

\_\_\_\_\_  
**Physician's NPI no.**

\_\_\_\_\_  
**Date**