NUTRITION, FEEDING THERAPY and LACTATION SERVICES
DECATUR:
235 E. PONCE DE LEON AVE, STE 206
DECATUR, GA 30030
ROSWELL:
1300 UPPER HEMBREE ROAD, BUILDING 100 SUITE D
ROSWELL, GA 30076

Phone: 678.607.6052 | Fax: 404.850.1362 |
peapodnutrition.org

REFERRAL FOR OUTPATIENT NUTRITION SERVICES

Required Patient Information

Name: _____ DOB: _____

Telephone: (H) _____ (W) _____ (Cell) _____

Address: _____

Patient Insurance: _____ Policy #: _____ Group # _____

Patient's medications: _____

PLEASE FAX the most recent and relevant clinical information, physician notes and labs, (such as hemoglobin A1C, lipid profile, blood pressure, growth curves, allergy panels).

CLINICAL INFORMATION: Please check ALL applicable reasons for referral. Write in any additional diagnoses with ICD-10 codes.
A DIAGNOSIS CODE IS REQUIRED BEFORE SCHEDULING ANY PATIENT APPOINTMENTS.

Diabetes and Endocrine:
____E11.9 Diabetes, Type 2*
____E10.9 Diabetes,Type1*
____O24.410 Gestational Diabetes*
____R73.09 Abn bld glu/pre-diabetes
____E88.81 Dysmetabolic Syndrome
____E16.2 Hypoglycemia, unspec.
Other diabetes diagnosis (specify):

____ _____

Lipid and Cardiovascular:
____E78.0 Hypercholesterolemia
____E78.1 Hypertriglyceridemia
____E78.5 Hyperlipidemia, unspec.
____I10 Hypertension, unspec.
____I25 Cardiovascular disease

Other cardiovascular diagnosis (specify):

____ _____

Renal:
____N18.1 CKD (stage I)
____N18.2 CKD (stage II)
____N18.3 CKD (stage III)*
____N18.4 CKD (stage IV)*
____N18.5 CKD (stage V)*
____N18.6 ESRD requiring chronic dialysis
Other Renal diagnosis:

Basic Nutrition:
Z71.3 Nutr Counseling, surveillance
V22 Pregnancy

Weight Control:
____E66.9 Obesity, unspec. (BMI 30-39.9)
____E66.01 Obesity, morbid (BMI ≥ 40)
____E66.3 Overweight (BMI 25-29.9)
____O99210 Obesity complicating pregnancy
*Medicare approved codes for MNT

Gastrointestinal and Liver:
____555 Regional enteritis (Crohn's)
____556 Ulcerative Colitis
____579.0 Celiac Disease
____562.10 Diverticulosis
____562.11 Diverticulitis
____571.5 Nonalcoholic Cirrhosis
____571.9 Unspec. Chronic Liver Disease
____571.8 Nonalcoholic Fatty Liver
____530.81 Reflux/GERD

Other GI diagnosis:
____ _____

Malnutrition and Food Allergy:
263.9 Malnutrition, unspec.
783.41 Failure to Thrive – Child
____693.1 Food Allergy
____271.3 Lactose Intolerance

Other:
____ _____

Physician Information:
I have referred the above patient to Pea Pod Nutrition and Lactation Support for nutrition and/or lactation counseling:

Physician Name: _____

Address: _____

Phone: _____ Fax: _____

Physician Signature (REQUIRED) _____ Date _____

WHEN COMPLETE, PLEASE FAX COMPLETED REFERRAL FORM AND PERTINENT PATIENT INFORMATION TO: 404.850.1362.
To schedule an outpatient nutrition counseling appointment call 678.607.6052.