

Patient Information

Last Name _____ First Name _____ Date of Birth _____

Patient Address _____

Daytime Phone _____ MRN _____

Clinical Information

 I have referred the above patient for: Medical Nutrition Therapy (MNT) Preventive Care Preparation for Bariatric Surgery
 Diabetes Self-Management Training (DSMT): Individual and/or Group

→ **Important:** Please fax the most recent and relevant clinical information, such as Hemoglobin A1C, Lipid profile, Blood Pressure, Growth curves, and/or Allergy panels.

DIAGNOSES – Please check ALL that apply.

ICD-10	DIABETES	ICD-10	WEIGHT MANAGEMENT <i>(continued)</i>
E10.10	Type 1 DM w/ ketoacidosis without coma	E66.3	Overweight
E10.21	Type 1 DM w/ diabetic nephropathy	E66.8	Other obesity
E10.22	Type 1 DM w/ diabetic chronic kidney disease	E66.9	Obesity, unspecified- obesity NOS
E10.319	Type 1 DM w/ unspec diabetic retinopathy w/o macular edema	R62.51	Failure to thrive, child
E10.4	Type 1 DM w/ neurological complications	R62.7	Failure to thrive, adult
E10.5	Type 1 DM w/ circulatory complications	R63.4	Abnormal weight loss
E10.6	Type 1 DM w/ other specified complications	R63.5	Abnormal weight gain – not during pregnancy
E10.64	Type 1 DM w/ hypoglycemia	R63.6	Underweight
E10.65	Type 1 DM w/ hyperglycemia		ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES
E10.8	Type 1 DM w/ unspecified complications	E03.9	Hypothyroidism, unspecified
E10.9	Type 1 DM without complications	E16.1	Other hypoglycemia
E11.00	Type 2 DM w/ hyperosmolarity w/o NHHHC	E16.2	Hypoglycemia, unspecified
E11.21	Type 2 DM w/ diabetic nephropathy	E28.2	Polycystic ovarian syndrome
E11.22	Type 2 DM w/ diabetic chronic kidney disease	E73.0	Congenital lactase deficiency
E11.3	Type 2 DM w/ ophthalmic complications (Use add'l characters for specificity)	E73.1	Secondary lactase deficiency
E11.40	Type 2 DM w/ diabetic neuropathy, unspecified	E73.8	Other lactose intolerance
E11.51	Type 2 DM w/ diabetic peripheral angiopathy without gangrene	E73.9	Lactose intolerance, unspecified
E11.6	Type 2 DM w/ other specified complications (Use add'l characters for specificity) specify complication(s): _____	E78.0	Pure hypercholesterolemia
E11.649	Type 2 DM w/ hypoglycemia without coma	E78.1	Pure hypertriglyceridemia
E11.65	Type 2 DM w/ hyperglycemia	E78.2	Mixed hyperlipidemia
E11.8	Type 2 DM w/ unspecified complications	E78.3	Hyperchylomicronemia
E.11.9	Type 2 DM without complications	E78.4	Other hyperlipidemia
	ADULT MALNUTRITION	E78.5	Hyperlipidemia, unspecified
E43	Unspecified severe protein-calorie malnutrition	E78.89	Other lipoprotein metabolism disorders
E44.0	Moderate protein –calorie malnutrition	E78.9	Disorder of lipoprotein metabolism, unspecified
E44.1	Mild protein-calorie malnutrition	E88.81	Metabolic syndrome
E45	Retarded development following protein-calorie malnutrition		PREGNANCY
E46	Unspecified protein-calorie malnutrition	O21.0	Mild hyperemesis gravidarum
E64.0	Sequelae of protein-calorie malnutrition	O21.1	Hyperemesis gravidarum w/ metabolic disturbance
	MENTAL, BEHAVIORAL, NEURODEVELOPMENTAL DISORDERS	O21.2	Late vomiting of pregnancy
F50.00	Anorexia nervosa, unspecified	O21.2	Late vomiting of pregnancy
F50.01	Anorexia nervosa, restricting type	F50.2	Bulimia nervosa
F50.02	Anorexia nervosa, binge eating/purging type	F50.8	Other eating disorder
	WEIGHT MANAGEMENT	F50.9	Eating disorder, unspecified
E66.01	Morbid (severe) obesity due to excess calories		DISEASES OF THE CIRCULATORY SYSTEM
E66.09	Other obesity due to excess calories	I10	Essential (primary) hypertension
E66.1	Drug induced obesity	I11.0	Hypertensive heart disease w/ (congestive) heart failure
E66.2	Morbid obesity w/alveolar hypoventilation(Pickwickian Syndrome)	I11.9	Hypertensive heart disease without (congestive) heart failure



Patient Information

Last Name _____ First Name _____ Date of Birth _____

DIAGNOSES – Please check ALL that apply.

I12.0	Hypertensive chronic kidney disease, Stage 5 or ESRD	O24.410	Gestational diabetes mellitus, diet-controlled
I12.9	Hypertensive chronic kidney disease, Stages 1-4 or unspecified	O24.414	Gestational diabetes mellitus, insulin-controlled
I25.____	Chronic ischemic heart disease (Use add'l characters for specificity)	O26.00	Excessive weight gain in pregnancy, unspecified trimester
I50.____	Heart failure (Use add'l characters for specificity)	O26.10	Low weight gain in pregnancy, unspecified trimester
	DISEASES OF THE DIGESTIVE SYSTEM	O99.210	Obesity complicating pregnancy, unspecified trimester
K21.0	Gastroesophageal reflux disease w/ esophagitis		SYMPTOMS/SIGNS, ABNORMAL CLINICAL/LAB FINDINGS
K21.9	Gastroesophageal reflux disease without esophagitis	R73.01	Impaired fasting glucose
K25.9	Gastric ulcer, unspecified as acute or chronic, w/o hemorrhage	R73.02	Impaired glucose tolerance test (oral)
K27.9	Peptic ulcer, site unspecified, unspecified as acute or chronic, w/o hemorrhage or perforation	R73.09	Other abnormal fasting glucose (pre-diabetes)
K29.2	Alcoholic gastritis (Use add'l character for w/wo bleeding)		DISEASE OF THE BLOOD
K29.5	Unspecified chronic gastritis (Use add'l character for w/wo bleeding)	D50.0	Iron deficiency anemia due to chronic blood loss
K29.7	Gastritis, unspecified (Use add'l character for w/wo bleeding)	D50.8	Other iron deficiency anemias (due to inadequate iron intake)
K50.00	Crohn's disease of small intestine without complications	D50.9	Iron deficiency anemia, unspecified
K50.10	Crohn's disease of large intestine without complications	D51.3	Other dietary vitamin B12 deficiency anemia (vegan anemia)
K50.80	Crohn's disease of both small & large intestine without complications	D52.0	Dietary folate anemia
K50.90	Crohn's disease, unspecified, without complications	D53.0	Protein deficiency anemia
K51.00	Ulcerative colitis without complications	D53.9	Nutrition anemia, unspecified (simple chronic anemia)
K57.10	Diverticulosis of small intestine without perforation/abscess w/o bleed	D64.9	Anemia, unspecified
K57.30	Diverticulosis of large intestine without perforation/abscess w/o bleed		DISEASE OF THE GENITOURINARY SYSTEM
K58.____	Irritable bowel syndrome (Use add'l character for w/wo diarrhea)	N20.0	Calculus of kidney
K59.00	Constipation, unspecified	K31.84	Gastroparesis (Code first underlying disease, if known)
K59.1	Functional diarrhea		FOOD ALLERGIES
K70.30	Alcoholic cirrhosis of liver without ascites	Z91.010	Peanuts
K86.0	Alcohol-induced chronic pancreatitis	Z91.011	Milk products
K86.1	Other chronic pancreatitis	Z91.012	Eggs
K90.0	Celiac disease	Z91.013	Seafood
K52.2	Allergic and dietetic gastroenteritis and colitis	Z91.018	Specified NEC
	ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES	T78.1XX_	Food (any) (ingested) NEC (Use episode of care A, D or S)
M1A.3____	Chronic gout due to renal impairment (Requires additional characters to identify location and with/without tophus (tophi))		DISEASES OF THE MUSCULOSKELETAL SYSTEM
M1A.9XX_	Chronic gout, unspecified (Requires additional characters to identify with/without tophus (tophi))	M81.0	Age-related osteoporosis without current pathological fracture
M10.3_	Gout due to renal impairment (Use additional characters for location)	M81.8	Other osteoporosis without current pathological fracture
M10.4_	Other secondary gout (Use additional characters for location)		BODY MASS INDEX
M10.9	Gout, unspecified	Z68.1	BMI 19 or less, adult
	KIDNEY DISEASE	Z68.2_	BMI 20+, adult (Requires 4 th character for specific BMI)
N18.6	End Stage Renal Disease	Z68.3_	BMI 30+, adult (Requires 4 th character for specific BMI)
N18.5	Chronic kidney disease, stage 5	Z68.4_	BMI 40+, adult (Requires 4 th character for specific BMI)
N18.4	Chronic kidney disease, stage 4	Z68.5_	BMI, pediatric (Requires 4 th character for specific percentile)
N18.3	Chronic kidney disease, stage 3		NO SPECIFIC DIAGNOSIS
N18.2	Chronic kidney disease, stage 2	Z71.3	Dietary counseling and surveillance
N18.1	Chronic kidney disease, stage 1	Z00.00	Encounter for general adult medical examination w/o abn findings
O24.01_	Pre-existing diabetes mellitus, type 1, in pregnancy (Use add'l character to identify trimester)	Z00.01	Encounter for general adult medical examination w/abn findings
O24.11_	Pre-existing diabetes mellitus, type 2, in pregnancy (Use add'l character to identify trimester)		OTHER / Please list ICD-10 Diagnosis: _____ Code: _____

 Yale-New Haven Hospital
 Nutrition Clinic
 789 Howard Avenue
 New Haven, CT 06510
 Phone: 203-688-2422
 Fax: 203-688-2141

 New Haven
 Nutrition Clinic
 150 Sargent Drive
 New Haven, CT 06510
 Phone: 203-688-2422
 Fax: 203-688-2141

 St. Raphael Campus
 Outpatient Nutrition Service
 330 Orchard Street
 New Haven, CT 06511
 Phone: 203-789-3266
 Fax: 203-867-5457

 St. Raphael Campus
 Haelen Center Nutrition
 1450 Chapel Street
 New Haven, CT 06511
 Phone: 203-789-4135
 Fax: 203-867-5241

 Bridgeport Hospital
 Nutrition & Wellness Center
 267 Grant Street
 Bridgeport, CT 06610
 Phone: 203-384-4553
 Fax: 203-384-3578

 Greenwich Hospital
 Center for Behavioral & Nutritional Health
 55 Holly Hill Lane
 Greenwich, CT 06830
 Phone: 203-863-2939
 Fax: 203-863-3744

Signature of Physician _____

Printed Name _____

Date _____

Time _____

Physician Phone Number _____

Physician Fax Number _____

NPI _____