



## Nutrition Consultation Referral

Caylee Clay, RDN, CDN  
 629 Eastern Parkway, Brooklyn NY 11213  
 Phone: (201) 702 - 1355  
 Fax: (347) 365 - 3500  
 Email: [info@eatyerveggies.com](mailto:info@eatyerveggies.com)  
[www.eatyerveggies.com](http://www.eatyerveggies.com)

### Referring Provider's Information:

Name:	Date of Referral:
NPI Number:	Daytime Phone:

### Patient's Information:

Name:	Date of Birth:
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### Reason for Referral: Please check ALL that apply

✓	ICD-10	ICD-10 Description
<input type="checkbox"/>	E66.3	Overweight
<input type="checkbox"/>	E66.9	Obesity, unspecified
<input type="checkbox"/>	R63.3	Underweight
<input type="checkbox"/>	R62.51	Failure to thrive
<input type="checkbox"/>	I10	Hypertension
<input type="checkbox"/>	E78.0	Pure hypercholesterolemia
<input type="checkbox"/>	E88.81	Metabolic Syndrome
<input type="checkbox"/>	R73.01	Impaired fasting blood glucose
<input type="checkbox"/>	R73.03	Pre-Diabetes
<input type="checkbox"/>	E11.64	Type 2 diabetes with hypoglycemia
<input type="checkbox"/>	E11.65	Type 2 diabetes with hyperglycemia



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Reason for Referral *continued*:  
 Please check ALL that apply

	E11.8	Type 2 diabetes w/ no complications
	N18.5	Chronic kidney disease, stage 5
	N18.4	Chronic kidney disease, stage 4
	N18.32	Chronic kidney disease, stage 3b
	N18.31	Chronic kidney disease, stage 3a
	F50.00	Anorexia nervosa
	F50.2	Bulimia nervosa
	F50.9	Eating disorder, unspecified
	E10.64	Type 1 diabetes with hypoglycemia
	E10.65	Type 1 diabetes with hyperglycemia
	E10.9	Type 1 diabetes with no complications

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The above patient is referred for **medical nutrition therapy** as a necessary part of medical treatment and prevention for the diagnoses listed.

Physician Signature: \_\_\_\_\_

Printed Physician Name: \_\_\_\_\_