LIFECYCLE NUTRITION

www.lifecycle-nutrition.com
1333 W McDermott Drive | Suite 150
Allen, Texas 75013
Phone: 469.519.2730 | Fax: 214.540.8783

REFERRAL FOR MEDICAL NUTRITION THERAPY

Required Patient Information

Name: _____ DOB:_____

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

Address: _____

Additional Patient Information

Patient Insurance: _____ Policy #: _____ Group # _____

Patient's medications: _____

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

CLINICAL INFORMATION: Please circle ALL applicable reasons for referral. Write in any additional diagnoses with ICD-10 codes.

Allergic Disorders & Food Intolerances:		**Gastrointestinal Disorders:**		**Diabetes and Endocrine:**	
Z91.011	Allergy to milk products	K21.9	GERD	E10.8	Type I diabetes with unspecified complications
Z91.018	Allergy to other foods	R63.3	Feeding difficulties & mismanagement	E10.9	Type I diabetes without complications
K20.0	Eosinophilic esophagitis	K50.80	Crohn's Disease	E11.8	Type II diabetes with unspecified complications
K52.21	FPIES	K51.90	Ulcerative Colitis	E11.9	Type II diabetes without complications
E74.39	Lactose intolerance	K90.0	Celiac Disease	R73.09	Pre-diabetes/abnormal blood glucose
K90.9	Gluten intolerance	K58.0	Irritable Bowel Syndrome with diarrhea	E28.2	Polycystic ovarian syndrome
L27.2	Dermatitis due to ingested food	K58.9	Irritable Bowel Syndrome without diarrhea	**Malnutrition and Nutritional Deficiencies:**	
Lipid and Cardiovascular:		K31.84	Gastroparesis	E55.9	Vitamin D deficiency
E78.1	Hyperglyceridemia/hypertriglyceridemia	**Weight Control:**		E63.9	Nutritional deficiency
E78.5	Hyperlipidemia	E66.3	Overweight	P92.6	Failure to Thrive (newborn)
E78.0	Hypercholesterolemia	E66.9	Obesity	R62.51	Failure to Thrive (child)
I15.8	Hypertension, other secondary	E66.01	Morbid Obesity	**Feeding issues:**	
Other:		R63.4	Abnormal weight loss	R13.10	Dysphagia
		R63.5	Abnormal weight gain	Z72.4	Inappropriate diet and eating habits

Physician Information:
I have referred the above patient to LifeCycle Nutrition,LLC for nutrition counseling:

Physician Name: _____

Practice: _____Date: _____

Phone: _____Fax: _____

WHEN COMPLETE, PLEASE FAX COMPLETED REFERRAL FORM AND PERTINENT PATIENT INFORMATION TO: 214.540.8783

Please note: Direct calls from physician offices are encouraged to schedule your patients promptly.
To schedule an outpatient nutrition counseling appointment, call 469.519.2730.