



1

## Patient Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M / F

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

2

Address: \_\_\_\_\_ Email: \_\_\_\_\_

### PLEASE ATTACH A COPY OF OR INCLUDE THE FOLLOWING INFORMATION:

- ✓ Patient's Health Insurance Card (name of health plan, member ID#, group #)
- ✓ Supporting Lab Data (A1C, fasting glucose, LDL, HDL, E-GFR etc.)

Order: ✓ Provide Medical Nutrition Therapy (MNT), Diabetes Self-Management Training (DSMT), Complete Health Improvement Program (CHIP) or Diabetes Prevention Program (DPP) by a Registered Dietitian Nutritionist (RDN)

3

## Mark Primary Diagnosis/Diagnoses

Check	ICD 10 Code	Description	Check	ICD 10 Code	Description
<input type="checkbox"/>	R73.01	Impaired fasting glucose	<input type="checkbox"/>	E66.01	Morbid (severe) obesity
<input type="checkbox"/>	R73.02	Impaired glucose tolerance (oral)	<input type="checkbox"/>	I10	Essential (primary) hypertension
<input type="checkbox"/>	R73.09	Other abnormal glucose	<input type="checkbox"/>	I12.9	Hypertensive renal disease, unsp.
<input type="checkbox"/>	E11.9	Diabetes II/unspecified	<input type="checkbox"/>	I25.10	Coronary atherosclerosis
<input type="checkbox"/>	E16.2	Hypoglycemia, unspecified	<input type="checkbox"/>	N18.9	Chronic renal failure
<input type="checkbox"/>	E78.0	Pure hypercholesterolemia	<input type="checkbox"/>	Z68.30-Z68.45	BMI>30, Patient's BMI _____
<input type="checkbox"/>	E78.5	Hyperlipidemia, unspecified	<b>Other relevant ICD-10 Codes</b>		
<input type="checkbox"/>	E78.2	Mixed hyperlipidemia	<input type="checkbox"/>		
<input type="checkbox"/>	E88.81	Metabolic syndrome	<input type="checkbox"/>		
<input type="checkbox"/>	E66.9	Obesity, unspecified	<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		

Physical Activity Restrictions? YES [  ] NO [  ] If Yes, limited to:

4

## Physician Information

Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_