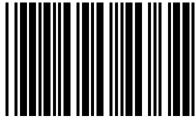
REF

GARRETT REGIONAL MEDICAL CENTER
A Proud Affiliate of WVUMedicine

OUTPATIENT NUTRITION COUNSELING REFERRAL
FAX TO 301-533-4198

Name____ DOB__________________________

Phone(s) ____

Insurance **(Attach copy)**_____________________ Referring Physician______________________

Medical Information

Please attach recent labs, history, physical and list of medications and complete the following.

Reason for referral________________________________ Height__________Weight___________

Physical or cognitive barriers: ☐ Exercise Restriction ☐ Other___________________________

All follow-up visits will include a follow-up appointment form to justify the order.

- ☐ First Referral for individual Medical/Nutrition counseling in calendar year
- ☐ First Referral for group Medical/Nutrition counseling in calendar year
- ☐ Second Referral for individual Medical/Nutrition counseling in calendar year (**change in Medical Condition, Diagnosis and/or Treatment Plan**)
- ☐ Second Referral for Group Medical/Nutrition counseling in calendar year (**change in Medical Condition, Diagnosis and/or Treatment Plan**)

Please check ALL applicable reasons for referral.

☐ E10.__ Type 1 DM*	☐ K50.__ Crohn's Disease	☐ N18.1 CKD, stage 1
☐ E11.__ Type 2 DM*	☐ K51.__ Ulcerative Colitis	☐ N18.2 CKD, stage 2
☐ R73.09 Prediabetes	☐ K58.9 IBS	☐ N18.3 CKD, stage 3*
☐ E66.01 Morbid Obesity (BMI___)	☐ K86.1 Other Chronic Pancreatitis	☐ N18.4 CKD, stage 4*
☐ E66.09 Obesity (BMI___)	☐ K90.0 Celiac Disease	☐ N18.5 CKD, stage 5*
☐ E66.3 Overweight (BMI___)	☐ J44.9 COPD	☐ Z94.0 Kidney Transplant*
☐ E88.81 Metabolic Syndrome	☐ E28.2 PCOS	☐ N18.6 ESRD on Dialysis
☐ R63.4 Abnormal Weight Loss	☐ E78.2 Hyperlipidemia, mixed	☐ Other______________ (Include ICD-10 code)
☐ R63.6 Underweight (BMI___)	☐ I10 HTN, essential	

*Traditional Medicare with no supplemental insurance only covers nutrition counseling for diabetes and renal disease.

Physician Signature: ________________________________ MD/DO **Date:** _____________