



# POSITIVE NUTRITION OF OMAHA

Jessica A. Wegener RD, CSSD, LMNT

Whitney Larsen RD, LMNT, CPT

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Nutrition Concern: \_\_\_\_\_

Parents (if under 18 yrs old): \_\_\_\_\_

Psycho Therapist: \_\_\_\_\_

Doctor: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_

Who will be responsible for your bill? \_\_\_\_\_

----- PNO staff below only -----

ROI: \_\_\_\_\_

Referral form completed: \_\_\_\_\_

Superbill needed: Y/N

Positive Nutrition of Omaha, LLC  
Jessica A. Wegener RD, CSSD, LMNT  
13809 Industrial Road  
Omaha NE, 68137

### Client Agreement

At Positive Nutrition of Omaha, I want nothing more than to meet each of your expectations and help you achieve each of your nutrition goals. I utilize the following guidelines to help us work together in the best possible way. If you have additional questions, please feel free to ask at any time.

\_\_\_\_\_ (initial) Positive Nutrition of Omaha (PNO), LLC, or any representative of PNO will not disclose any protected healthcare information without my permission except in cases where the provider deems the client is a danger to self or others or there is evidence that requires information to be reported to an appropriate authority.

\_\_\_\_\_ (initial) Information provided by the Registered Dietitian does not replace the care of a physician. Regular contact with the client's medical provider is strongly encouraged. PNO will be happy to provide information regarding the client's nutrition care to any members of the healthcare team for which a release of medical information form is completed.

\_\_\_\_\_ (initial) All payments are due at the time of service. If for any reason this is not possible, please contact PNO to arrange payment. A billing statement will be provided at the end of each month in the event an outstanding balance remains and must be paid within 30 days or services may be discontinued until balance is paid in full. If balances are left unpaid, the client gives permission to PNO to use basic demographic information to secure payment.

\_\_\_\_\_ (initial) PNO can provide a superbill statement for patient to submit claims to his/her insurance company, however, in the event that nutrition services are not a covered benefit or the claim is denied, the client is responsible for the entire balance.

\_\_\_\_\_ (initial) PNO asks that you make effort to arrive on time to scheduled appointments. We realize that all of our lives are busy and you may have to cancel from time to time. Please give 24 hours notice so that your appointment time can be offered to another client. If missing scheduled appointments becomes a trend, a \$25 cancellation fee will be charged and billed at time of service.

\_\_\_\_\_ (initial) PNO will not appear in any court proceedings for any reason. If for any reason this portion of the client agreement is disregarded, court fees are \$250 per hour including any preparation time required, billable to the client.

\_\_\_\_\_ (initial) The client will not hold PNO liable for any injury that may occur in the PNO clinic or Athletes Training Center Facility.

\_\_\_\_\_  
Client/Date

\_\_\_\_\_  
Witness/Date

## NUTRITION SERVICES REFERRAL FORM

**PLEASE FAX COMPLETED REFERRAL to # 402.932.6878 Attn: Jessica A. Wegener RD**

<p>▶ <b>PATIENT DATA</b>      Referral Date: _____</p> <p>Name: _____</p> <p>Sex: M <input type="checkbox"/> F <input type="checkbox"/> DOB: _____</p> <p>Phone: _____</p> <p>Pt. allowed to exercise: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>▶ <b>SPECIAL NEEDS</b></p>	<p>▶▶ <b>PHYSICIAN DATA</b></p> <p>Physician _____</p> <p>Physician Phone _____</p> <p>Physician Fax _____</p> <p>Signature _____</p>
---	---

X	ICD-10	Primary Diagnosis	X	ICD-10	Diagnoses	X	ICD-10	Diagnoses
	Z6851	BMI, peds,<5%ile age		E8881	Metabolic Syndrome		R7301	Impair. Fast glu(≥100mg/dL)
	Z6852	BMI, peds,5-<85%ile age		F509	EDNOS		R7302	ImpairGluTol(2hr140-190)
	Z6853	BMI,peds,85-<95%ile		F5000	Anorexia Nervosa		R7309	Other abnormal glucose
	Z6854	BMI,peds≥95%ile age		F502	Bulimia Nervosa		E119	DM, Type II or unspecified
	Z681	BMI <19, adult		E039	Hypothyroidism		E109	DM, Type I
	Z6820	BMI, 19-24.9, adult		I10	Essential Hypertension		E1165	DM, Type II, uncontrolled
	E663	Overweight		M150	Osteoarthritis		E1065	DM Type I, uncontrolled
	Z6825	BMI 25-25.9, adult		N979	Infertility, female		E162	Hypoglycemia
	Z6826	BMI 26-26.9, adult		N469	Infertility, male		F329	Depression
	Z6827	BMI 27-27.9, adult		N915	Oligomenorrhea		F419	Anxiety
	Z6828	BMI 28-28.9, adult		N912	Amenorrhea		R6882	Decreased Libido
	Z6829	BMI 29-29.9, adult		I2510	CAD		Z723	Lack of physical exercise
	E669	Obesity Unspecified		I679	CVD		E509	Vit A Deficiency
	Z6830	BMI 30-30.9, adult		K219	GERD		E538	Vit B Deficiency
	Z6831	BMI 31-31.9, adult		R635	Abnormal weight gain		E518/9	Vit B1 other manifestations
	Z6832	BMI 32-32.9, adult			Excess appetite, unspec		E559	Vit D Deficiency
	Z6833	BMI 33-33.9, adult		F508	Other Eating Disorders		E8350	Calcium Deficiency E8351, E8352, E201, E8359
	Z6834	BMI 34-34.9, adult		Z724	Inappropriate diet/eating habits		D509	Iron Def. Anemia (unspec)
	Z6835	BMI 35-35.9, adult		780.79	Fatigue/Lethargy		D511	B12 anemia (dietary)
	Z6836	BMI 36-36.9, adult		L680	Hirsutism		D539	B12&folateAnem (megal)
	Z6837	BMI 37-37.9, adult		R351	Nocturia		K909	Malabsorption- post op
	Z6838	BMI 38-38.9, adult		R631	Polydipsia		024419	Gestational DM
	Z6839	BMI 39-39.9, adult		R632	Polyphagia		099810	Abnormal glu Complicating Pregnancy
	E6601	Morbid Obesity (≥40)		R358	Polyuria, other		790.2	Abnormal GTT
	Z6841	BMI 40-44.9, adult		E780	Hypercholesterolemia		030009	Multiple gestation (twins)
	Z6842	BMI 45-49.9, adult		E781	Hypertriglyceridemia		030109	Multiple gestation (triplets)
	Z6843	BMI 50-59.9, adult		E782	Hyperlipidemia, mixed		099215	Obesity comp. preg (BMI)
	Z6844	BMI 60-69.9, adult		E783	Hyperchylomicronemia		099840	Bar Surg Complicating Preg.
	Z6845	BMI ≥ 70, adult		E784	Other hyperlipidemia		O2511	Malnutrition in Pregnancy
		Other:		E282	PCOS			

▶ **SERVICES TO BE PERFORMED**

<p>___ Initial Medical Nutrition Therapy (MNT)</p> <p>___ Follow-Up Medical Nutrition Therapy</p> <p>___ Sports Nutrition/Body Composition Analysis</p>	<p>___ Follow-up Pre-Diabetes Nutrition Education / MNT</p> <p>___ Weight Loss Program: Nutrition Behavior Change</p>
---	---

▶ **CURRENT MEDICATIONS** \_\_\_\_\_

▶ PLEASE FAX CURRENT LABS & RX ORDERS TO: Fax #402.932.6878 Attn: Jessica A. Wegener RD, CSSD, LMNT

