

Positive Nutrition of Omaha, LLC
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Office Phone: 402.267.2232
Please fax this form to 402.243.6606



Physician Referral form for Medical Nutrition Therapy

Patient Name: _____ Patient DOB: _____

Patient Phone: _____ Patient Insurance: _____

Parent Name/Contact (if patient a minor): _____

Referring Physician/PCP: _____ Fax: _____ Phone: _____

Provider NPI: _____ Provider Practice: _____

Provider Signature: _____ Referral Date: _____

ICD-10 Diagnosis Codes: Please check all the diagnosis codes below that apply to this patient

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| ☐ E13.00 Diabetes other specified | ☐ F50.023 Anorexia nervosa, binge eating/purging type, extreme |
| ☐ R73.09 pre-diabetes | ☐ F50.024 Anorexia nervosa, binge eating/purging type, in remission |
| ☐ E10.A0 Type 1 Diabetes Mellitus | ☐ F50.029 Anorexia nervosa, binge eating/purging type, unspecified |
| ☐ E11.00 Type 2 Diabetes Mellitus | ☐ F50.20 Bulimia nervosa, unspecified |
| ☐ 024.419 Gestational Diabetes Mellitus | ☐ F50.21 Bulimia nervosa, mild |
| ☐ E66.89 Other obesity | ☐ F50.22 Bulimia nervosa, moderate |
| ☐ E66.811 Obesity, class 1 | ☐ F50.23 Bulimia nervosa, severe |
| ☐ E66.812 Obesity, class 2 | ☐ F50.24 Bulimia nervosa, extreme |
| ☐ E66.813 Obesity, class 3 | ☐ F50.25 Bulimia nervosa, in remission |
| ☐ E66.89 Other obesity not elsewhere classified | ☐ F50.810 Binge eating disorder, mild |
| ☐ R63.40 Abnormal weight loss | ☐ F50.811 Binge eating disorder, moderate |
| ☐ R63.50 Abnormal weight gain | ☐ F50.812 Binge eating disorder, severe |
| ☐ E16.A1 Hypoglycemia Level 1 | ☐ F50.813 Binge eating disorder, extreme |
| ☐ E16.A2 Hypoglycemia Level 2 | ☐ F50.814 Binge eating disorder, in remission |
| ☐ E16.A3 Hypoglycemia level 3 | ☐ F50.819 Binge eating disorder, unspecified |
| ☐ F50.010 Anorexia nervosa, restricting type, mild | ☐ F50.90 Eating Disorder Not specified |
| ☐ F50.011 Anorexia nervosa, restricting type, moderate | ☐ E82.8 polycystic ovarian syndrome |
| ☐ F50.012 Anorexia nervosa, restricting type, severe | ☐ E88.81 Metabolic Syndrome |
| ☐ F50.013 Anorexia nervosa, restricting type, extreme | ☐ E88.819 Insulin Resistance |
| ☐ F50.014 Anorexia nervosa, restricting type, in remission | ☐ K59.0 Constipation |
| ☐ F50.019 Anorexia nervosa, restricting type, unspecified | ☐ K58.0 Irritable bowel syndrome |
| ☐ F50.02 Anorexia nervosa, binge eating/purging type | ☐ D50.9 Iron deficiency anemia, unspecified |
| ☐ F50.020 Anorexia nervosa, binge eating/purging type, mild | ☐ D50.8 Other iron deficiency anemias due to inadequate iron intake |
| ☐ F50.021 Anorexia nervosa, binge eating/purging type, moderate | ☐ E73.9 Lactose Intolerance, unspecified |
| ☐ F50.022 Anorexia nervosa, binge eating/purging type, severe | ☐ E44.1 Unspecified protein-calorie malnutrition |
| | ☐ E78.5 Unspecified hyperlipidemia |
| | ☐ Z71.3 Dietary counseling & surveillance |
| | ☐ Other: _____ |