



Referral form for: Jen Benich, RDN, LD Phone: 469.455.2900

Please fax to: 469.455.2999

Print Patient Name:	Date of Birth:	
Best Patient Contact Number:	Guardian/Parent Name:	Today's Weight:

Please check all that apply. Provide labs or report to support diagnosis.

ICD-10	ENDOCRINE, NUTRITIONAL AND METABOLIC, IMMUNITY	ICD-10	DIGESTIVE SYSTEM
E11.9	Diabetes T2/Unspecified	K21.0	Gastroesophageal reflux disease w/ esophagitis
E10.9	Diabetes T1	K21.9	Gastroesophageal reflux disease w/o esophagitis
E11.65	Diabetes T2/unspecified, uncontrolled	K25	Gastric ulcer
E10.65	Diabetes T1, uncontrolled	K27	Peptic ulcer, site unspecified
E11.69	Diabetes w/ ketoacidosis	K29.2	Alcoholic gastritis
E16.2	Hypoglycemia, unspecified	K29.5	Unspecified chronic gastritis
E28.2	Polycystic ovarian syndrome	K29.7	Gastritis, unspecified
E74.39	Intestinal disaccharidase deficiencies and disaccharide malabsorption	K44	Diaphragmatic hernia
E74.9	Unspecified disorder of carbohydrate transport and metabolism	K57.1	Diverticulosis of small intestine w/o perforation or abscess
E78.0	Pure hypercholesterolemia	K57.3	Diverticulosis of large intestine w/o perforation or abscess
E78.1	Pure hyperglyceridemia	K59	Constipation
E78.4	Combined hyperlipidemia	K70.3	Alcoholic cirrhosis of liver
E78.5	Mixed hyperlipidemia	K86.0	Alcohol-induced chronic pancreatitis
E78.9	Unspecified disorder of lipid metabolism	K86.1	Other chronic pancreatitis
E66.09	Obesity	K52.2	Allergic and dietetic gastroenteritis and colitis
E66.01	Morbid obesity		GENITOURINARY SYSTEM
E66.3	Overweight	N18.1- N18.5	Chronic kidney disease, stages 1-5
	CIRCULATORY SYSTEM	Z94.0	Kidney transplant status
I10	Essential (primary) hypertension		Z CODES - PREVENTION
I11.0	Hypertensive heart disease with (congestive) heart failure	Z68.30- Z68.38	BMI 30.0-38.9
I11.9	Hypertensive heart disease without (congestive) heart failure	R63.4 R63.5	Abnormal weight loss Abnormal weight gain
I50.9	Heart Failure (unspecified)	O21.0	Mild hyperemesis gravidarum
	OTHER	O24.410 O24.414	Gestational diabetes mellitus, diet controlled Gestational diabetes mellitus, insulin controlled
		O26.00 O26.10	Excessive weight gain in pregnancy Excessive weight loss in pregnancy
		Z71.3	Nutritional Counseling

Referring Provider Information

Printed Name _____	NPI _____
Signature _____	Date _____
Phone: _____	Fax: _____

The information requested above is Protected Health Information (PHI), and is the minimum necessary to execute delivery of patients services. Please understand as a link in the "Chain of Trust", all PHI will remain confidential as mandated by the Treatment, Payments, and Healthcare Operation Laws mandated by HIPAA.