



OUTPATIENT NUTRITION COUNSELING – REFERRAL FORM

To be completed by referring physician and faxed to 619-740-8568.

Sharp Grossmont Hospital - Sharp Chula Vista Medical Center - Sharp Memorial Hospital Questions? Please Call 619-740-4632.

Procedure Codes – Individual Visits
CPT - 97802 (MNT) - Initial assessment & intervention, individual face-to-face with patient
CPT - 97803 (MNT) - Reassessment & intervention, individual face-to-face with patient

PATIENT: \_\_\_\_\_ DOB: \_\_\_\_\_ PATIENT PHONE: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHYSICIAN PHONE: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_ DATE FAXED: \_\_\_\_\_

**DIAGNOSIS/ICD-10 (select all that apply):**

- E78.5 Hyperlipidemia, Unspecified
- E78.4 Other Hyperlipidemia
- E78.0 Hypercholesterolemia
- I10 Essential (Primary) Hypertension
- E66.9 Obesity, Unspecified
- E66.01 Obesity, Morbid (severe) due to excess calories
- Other (include ICD-10 code and Diagnosis): \_\_\_\_\_
- N18.9 Chronic Kidney Disease, Unspecified
- N18.3 Chronic Renal Failure, Stage III, moderate
- N18.4 Chronic Renal Failure, Stage IV, severe
- N18.5 Chronic Renal Failure, Stage V
- R63.5 Abnormal Weight Gain
- R63.4 Abnormal Weight Loss

**DIET RX (select all that apply):**

- Weight Reduction Diet
- Diabetic Diet
- Low Fat/Cholesterol Diet
- Low Sodium Diet
- Renal (non-dialysis) Diet
- Modified Fiber (high/low fiber) Diet
- Ulcerative Colitis/Crohn’s Disease Diet
- Celiac/Gluten-Free Diet
- Fluid Restriction (amount per day): \_\_\_\_\_
- Other Diet: \_\_\_\_\_

**WEIGHT LOSS MEDICATION:**

Is patient being referred for the use of GLP-1s?  Yes  No

**EXERCISE LIMITATION (please mark one):**

- Exercise allowed as tolerated.
- Exercise with specified restriction: \_\_\_\_\_
- No exercise allowed.

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

PLEASE COMPLETE ABOVE AND FAX ALONG WITH: insurance authorization, recent history & physical / visit notes, insurance card, lab work