

Referral for Medical Nutrition Therapy

HLEAP NUTRITION

Claudia Hleap MS, RD, CDCES

Registered Dietitian & Diabetes Educator

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- To Schedule, Either: (1) Have patient call office (215) 821-8705;
Or (2) have patient schedule online: www.HleapNutrition.com/appointments;
Or (3) Provide patient phone number and I will call them to schedule.**

Patient Name: _____

Patient Date of Birth: _____

Patient's Phone Number: _____

Above patient is referred for medical nutrition therapy for treatment and prevention of the diagnoses listed below.

CPT Codes for Nutrition Assessments: 97802, 97803, 99401

- ✓ Check all diagnoses that apply to this referral or write in any additional diagnoses that apply in the empty boxes below.

✓	ICD-10 Code	ICD-10 Description	✓	ICD-10 Code	ICD-10 Description
	E66.3	Overweight		Z68.1	BMI 19 or less, adult
	E66.9	Obesity		R63.4	Abnormal weight loss
	R73.03	Prediabetes		R63.5	Abnormal weight gain
	E73.01	Impaired Fasting Glucose		K59	Constipation
	E11.9	Diabetes type 2 without complications		Z71.3	Dietary counseling and nutrition surveillance
	E11.2	T2D w/ kidney complications		E88.81	Metabolic Syndrome
	E11.64	T2D w/ hypoglycemia		N18.9	Chronic Kidney Disease
	E11.65	T2D w/ hyperglycemia		E78.5	Hyperlipidemia/Unspecified
	E10	T1D		I10	Essential (primary) HTN
	K58	Irritable Bowel Syndrome		E28.2	Polycystic Ovarian Syndrome

Please attach labs and any other information you would like the Dietitian to have

Physician signature X _____ Date _____

MD/DO Name _____ Phone _____

NPI: _____ Fax _____

The information requested above is Protected Health Information required for a referral to a specialist under this patient's health care plan. All information will remain confidential and compliant with HIPAA health care practices.

