FITZGIBBON HOSPITAL
Marshall, Missouri

Medical Nutrition Therapy (MNT) Referral Form

Dietitian / Diabetes Educator
Sara Walker, RDN, LD, CDCES
Phone #: (660) 831-3265

Patient Name:_____ Telephone: home:_____

Date of Birth:_____ work:_____

Height:_____ Weight:_____

Comments:_____

_____

SPECIAL NEEDS *(please check)*

☐ Language ☐ Hearing/Speech/Vision ☐ Learning/Processing

DIAGNOSIS *(please check one; diagnosis is required for the referral to be processed)*

ICD-10	Diagnosis Description
☐ E66.01	Morbid (severe) obesity due to excess calories
☐ E66.3	Overweight
☐ E66.9	Obesity, unspecified – obesity NOS
☐ R63.4	Abnormal weight loss
☐ R63.5	Abnormal weight gain – not during pregnancy
☐ R63.6	Underweight
☐ E78.5	Hyperlipidemia, unspecified
☐ E88.81	Metabolic syndrome
☐ D50.8	Other iron deficiency anemias (due to inadequate iron intake)

ICD-10	Diagnosis Description
☐ E10.__	Type 1 diabetes mellitus, _____
☐ E11.__	Type 2 diabetes mellitus, _____
☐ E16.1	Other hypoglycemia
☐ R73.01	Impaired fasting glucose
☐ R73.03	Pre-diabetes
☐ K50.__	Crohn's disease, _____
☐ K51	Ulcerative colitis
☐ K58	Irritable bowel syndrome
☐ K90.0	Celiac disease
☐ N18.9	Non-dialysis kidney disease

Complication other than what listed, please indicate Diagnosis along with ICD-10 code:_____

*** Physician Signature:_____ Date:_____

Fax completed and signed referral form, along with last office visit and pertinent labs, to (660) 831-3391.