

Outpatient Nutrition / Diabetes Education Referral Form

Outpatient Dietitian, Sara Walker, RDN, LD
Phone #: (660) 831-3265

Nurse Educator, Alyssa Ferri, MSN, APRN, AGCNS-BC
Phone #: (660) 886-7431 ext. 800

Patient Name: _____ Telephone: home: _____

Date of Birth: _____ work: _____

Height: _____ Weight: _____ BMI: _____ A1c: _____

Comments: _____

DIABETES EDUCATION

Comments: _____

NUTRITION EDUCATION

Comments: _____

LEARNING BARRIERS *(please check)*

Visual Language Reading Hearing Other: _____

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

ICD-10 Diagnosis Description

- E78.0 Hypercholesterolemia
- E78.1 Hypertriglyceridemia
- E78.5 Hyperlipidemia

- E66.9 Obesity
- E66.01 Morbid Obesity

ICD-10 Diagnosis Description

- E11.65 Diabetes, Type 2 - uncontrolled
- E10.65 Diabetes, Type 1 - uncontrolled
- 024.419 Gestational Diabetes
- E10.9 Diabetes, Type 1
- E11.9 Diabetes, Type 2
- E88.81 Insulin Resistance Syndrome (X)
- E10.21 Diabetes, Type 1 w/Nephropathy
- E11.21 Diabetes, Type 2 w/Nephropathy
- E11.22 DM with renal complications
- R73.03 Prediabetes

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.**

