

KRISTEN JENSEN, RD, LMNT

NUTRITION REFERRAL FORM

Please ask patient to call to schedule an appointment

PH: 402-340-4939

Fax completed form to: **402-589-1305**

OR mail to: 164 Arbor Court, Omaha, NE 68108

Patient's Name: _____

DOB: _____ Gender: _____

Parent/Guardian Name: _____ Phone Number: _____

PLEASE FAX the most recent and relevant clinical information, physician notes and labs,
 (such as allergy panels, growth charts, hemoglobin A1C, lipid profile, etc).

CLINICAL INFORMATION: Please circle ALL applicable reasons for referral. Write in any additional diagnoses with ICD-10 codes.

Allergic Disorders & Food Intolerances:		Gastrointestinal Disorders:		Diabetes and Endocrine:	
Z91.011	Allergy to milk products	K21.9	GERD	E10.8	Type I diabetes with unspecified complications
Z91.018	Allergy to other foods	R63.3	Feeding difficulties & mismanagement	E10.9	Type I diabetes without complications
K20.0	Eosinophilic esophagitis	K50.80	Crohn's Disease	E11.8	Type II diabetes with unspecified complications
K52.21	FPIES	K51.90	Ulcerative Colitis	E11.9	Type II diabetes without complications
E74.39	Lactose intolerance	K90.0	Celiac Disease	R73.09	Pre-diabetes/abnormal blood glucose
K90.9	Gluten intolerance	K58.0	Irritable Bowel Syndrome with diarrhea	E28.2	Polycystic ovarian syndrome
L27.2	Dermatitis due to ingested food	K58.9	Irritable Bowel Syndrome without diarrhea	Malnutrition and Nutritional Deficiencies:	
Lipid and Cardiovascular:		K31.84	Gastroparesis	E55.9	Vitamin D deficiency
E78.1	Hyperglycemia/hypertriglyceridemia	Weight Control:		E63.9	Nutritional deficiency
E78.5	Hyperlipidemia	E66.3	Overweight	P92.6	Failure to Thrive (newborn)
E78.0	Hypercholesterolemia	E66.9	Obesity	R62.51	Failure to Thrive (child)
I15.8	Hypertension, other secondary	E66.01	Morbid Obesity	Feeding issues:	
Other:		R63.4	Abnormal weight loss	R13.10	Dysphagia
		R63.5	Abnormal weight gain	Z72.4	Inappropriate diet and eating habits

Referring Physician Name, Signature & NPI/Phone/Fax (or stamp)

NUTRITION REFERRAL PROCESS

Thank you for making a Medical Nutrition Therapy (MNT) referral to Nourished for Life LLC. Your patients are important to me, and I want to ensure that they receive the appropriate care in a timely manner. Please review the following guidelines to make this process both efficient and effective. Referrals are **NOT NECESSARY** to make appointment, but can help with insurance reimbursement and help with continuity of care.

1. Complete referral form.
 - a. The following are **REQUIRED** for best possibility of insurance reimbursement:
 - i. Medical diagnosis
 - ii. ICD 10 diagnosis code
 - iii. Physician's signature and NPI number
2. Fax the referral to Nourished for Life LLC; at: **402-589-1305**.
 - a. Fax number is provided on the referral form.
 - b. Nourished for Life LLC is HIPAA compliant, and referrals are received via a secure fax. To be sure it was received, can call 402-340-4939.
3. Have office or patient call to schedule appointment: **402-340-4939**.
4. Nourished for Life will send a follow-up report within 30 days of the referral to inform him/her of the status of the referral.
 - a. A report of the MNT appointment will be faxed to the referring clinician and will note any scheduled follow-up visits.
 - b. If unable to reach the patient with 3 or more attempts by phone/letter or the patient declines services, Nourished for Life, will notify the referring clinician. The clinician may refer the patient again as needed.
 - c. If the patient misses a scheduled appointment, Nourished for Life, will attempt to reschedule. The referring physician will be notified when a patient misses two, consecutive appointments and request they refer the patient again as needed.

-If you have questions or concerns regarding this process, please contact: Kristen Jensen, RDN, LMNT; PH: **402-340-4939**