Humlie Medical Nutrition Care, LLC | Gabrielle Humlie, RDN, LD | F: (855) 966-4121 | P: (503) 883-1724

Referral for MNT (Medical Nutrition Therapy)

Date:	**Patient Name:**
Patient phone number:	**DOB:**
Insurance (attach copy of front & back of card):	**Patient home address w/zip:**

Above is referred for *medical nutrition therapy as a necessary part of medical treatment* and prevention of complications for diagnoses listed.

Referral Needs:
New Diagnosis
New treatment plan
New complication

Special Needs:
Language
Hearing/Speech/Vision
Learning/Processing
Other:

Please check all diagnoses that apply to this referral:

	ICD-10	ICD-10 Description		ICD-10	ICD-10 Description
	Z71.3	Dietary counseling and surveillance		E78.2	Mixed hyperlipidemia
	E11.0	Type 2 DM		K58	Irritable bowl syndrome
	E10.0	Type 1 DM		I10	Essential (primary) hypertension
	R73.01	Impaired Fasting Glucose		F50.00	Anorexia nervosa, unspecified
	N18.3	CKD Stage 3		F50.2	Bulimia Nervosa

Please attach or complete lab work:

FSBS	Hga1c	Vit D	T. Chol	HDL	LDL	Trigs	BUN/creat	Na/K+	Phos/PTH	GFR	UA/micro albumin/creat	Hg/Hct

Please list or attach current medications: _____

Physician Signature: _____ Printed Name: _____

NPI: _____ Phone/Fax: _____

The information requested above is Protected Health Information (PHI), and is the minimum necessary to execute delivery of patient services. Please understand as a link in the "Chain of Trust", all PHI will remain confidential as mandated by the Treatment, Payments, and Healthcare Operation Laws mandated by HIPAA.