



Wellness and Nutrition Services: Denver

6767 S. Spruce St. • Suite 125 • Englewood, CO 80112 • Phone 303-779-9355 • Fax 303-779-0956

Outpatient Nutrition Services Referral Form

Please Fax to 303-779-0956

www.DenverWellnessAndNutrition.com

Patient Information:

Name _____ DOB _____

Address _____ SSN _____

Telephone Number _____

Insurance provider _____

Referral for service:

Individual Counseling /Medical Nutrition Therapy

Weight Loss Class

Reason for Referral (circle the appropriate diagnosis):

- R63.4 Abnormal Weight loss
K52.2 Allergic & dietetic gastroenteritis & colitis
D64.9 Anemia, unspecified
K90.0 Celiac Disease
I25 Chronic Ischemic Heart Disease
N18. Chronic Kidney Disease
K50.9 Crohn's Disease, unspecified
E84 Cystic Fibrosis
K57.3 Diverticulosis of large intestine
K57.1 Diverticulosis of small intestine
R13.1 Dysphagia
F50.9 Eating disorder, unspecified
I10 Essential Hypertension
K21.0 Gastroesophageal reflux disease with esophagitis
K21.9 Gastroesophageal reflux disease without esophagitis
O24.410 Gestational Diabetes, diet controlled
O24.414 Gestational Diabetes, insulin controlled
I50 Heart Failure
E78.0 Hypercholesterolemia
E78.5 Hyperlipidemia, unspecified
I11.0 Hypertensive Heart Disease with CHF
I11.9 Hypertensive Heart Disease without CHF
E16.2 Hypoglycemia, unspecified
K58 Irritable Bowel Syndrome
Z94.0 Kidney Transplant Status
E73 Lactose Intolerance
O26.10 Low Weight Gain in Pregnancy
E66.9 Obesity, unspecified
G47.33 Obstructive Sleep Apnea
M81.0 Osteoporosis, Age-related
M81.8 Osteoporosis, other
K91.1 Postgastric Surgery Syndrome
Z34.9 Pregnancy, Normal, unspecified
E10. Type 1 diabetes
E10.8 Type 1 diabetes with unspecified complications
E10.9 Type 1 diabetes without complications
E11. Type 2 diabetes
E11.8 Type 2 diabetes with unspecified complications
E11.9 Type 2 diabetes without complications

Labs: _____

If lab work is available, please include with referral.

Other: _____

Please include ICD-10 Code

Notes/Comments: _____

Referred By (Print) _____ Physician UPIN/NPI # _____

Referred By (Signature) _____

Telephone _____ Fax _____

We greatly appreciate your referral!