



Phone: (405) 960-3120
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New Patient Referral Form

Patient Name: Patient Phone:
 Insurance: Date of Birth:

- Please fax the most recent and relevant clinical information, progress note, and labs.
- Please check below all applicable reasons for referral. Write other diagnoses with ICD-10 codes.
- **Please note that all services are virtual, and we do not currently offer in-office visits.**

Digestive Health Concerns <input type="checkbox"/> K21.9 Reflux / GERD <input type="checkbox"/> K31.84 Gastroparesis <input type="checkbox"/> K50.90 Crohn's Disease, Unspecified <input type="checkbox"/> K51.90 Ulcerative Colitis, Unspecified <input type="checkbox"/> K58.9 IBS without Diarrhea <input type="checkbox"/> K58.0 IBS with Diarrhea <input type="checkbox"/> K58.1 IBS with Constipation <input type="checkbox"/> K76.0 Hepatic Steatosis <input type="checkbox"/> K90.0 Celiac Disease	Eating Disorders <u>Anorexia Nervosa</u> <input type="checkbox"/> F50.00 Unspecified <input type="checkbox"/> F50.010 Restricting Type, Mild <input type="checkbox"/> F50.011 Restricting Type, Moderate <input type="checkbox"/> F50.012 Restricting Type, Severe <input type="checkbox"/> F50.013 Restricting Type, Extreme <input type="checkbox"/> F50.019 Restricting Type, Unspecified <input type="checkbox"/> F50.020 Binge/Purge Type, Mild <input type="checkbox"/> F50.011 Binge/Purge Type, Moderate <input type="checkbox"/> F50.021 Binge/Purge Type, Moderate <input type="checkbox"/> F50.022 Binge/Purge Type, Severe <input type="checkbox"/> F50.023 Binge/Purge Type, Extreme <input type="checkbox"/> F50.029 Binge/Purge Type, Unspecified <u>Other Eating Disorders</u> <input type="checkbox"/> F50.82 Avoidant/Restrictive Food Intake Disorder (ARFID) <input type="checkbox"/> F50.89 Other Specified Eating Disorder (OSFED) <input type="checkbox"/> F50.9 Eating disorder, Unspecified	<u>Bulimia Nervosa</u> <input type="checkbox"/> F50.21 Mild <input type="checkbox"/> F50.22 Moderate <input type="checkbox"/> F50.23 Severe <input type="checkbox"/> F50.24 Extreme <input type="checkbox"/> F50.26 Unspecified <u>Binge Eating Disorder</u> <input type="checkbox"/> F50.810 Mild <input type="checkbox"/> F50.811 Moderate <input type="checkbox"/> F50.812 Severe <input type="checkbox"/> F50.813 Extreme <input type="checkbox"/> F50.819 Unspecified
Nutrition Concerns <input type="checkbox"/> Z71.3 Dietary Counseling & Surveillance <input type="checkbox"/> Z72.4 Inappropriate Diet & Eating Behaviors <input type="checkbox"/> E63.9 Nutritional Deficiency, Unspecified <input type="checkbox"/> R63.4 Abnormal Weight Loss <input type="checkbox"/> N91.2 Amenorrhea, Unspecified <input type="checkbox"/> E44.0 Moderate Protein-Calorie Malnutrition <input type="checkbox"/> E44.1 Mild Protein-Calorie Malnutrition <input type="checkbox"/> E66.9 Obesity, Unspecified <input type="checkbox"/> E66.3 Overweight <input type="checkbox"/> R63.6 Underweight <i>*Allied Nutrition Care does not support the use of BMI as a reliable indicator of health. At the same time, we may use diagnosis codes for "overweight" or "obesity" for insurance reimbursement purposes.</i>	Other Diagnoses <input type="checkbox"/> E78.00 Hypercholesterolemia <input type="checkbox"/> E78.1 Hypertriglyceridemia <input type="checkbox"/> E78.5 Hyperlipidemia, Unspecified <input type="checkbox"/> E88.819 Insulin Resistance, Unspecified <input type="checkbox"/> E88.81 Metabolic Syndrome <input type="checkbox"/> E28.2 Polycystic Ovarian Syndrome <input type="checkbox"/> E11.9 Diabetes, Type 2 <input type="checkbox"/> E10.9 Diabetes, Type 1 <input type="checkbox"/> R73.03 Pre-Diabetes	Other Diagnoses + ICD-10 Codes (write in below): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

I am referring the above patient to Allied Nutrition Care LLC for nutritional assessment and medical nutrition therapy.

Provider First and Last Name: Clinic:
 NPI#: Phone: Fax:
 Signature (required): Date: