

Nutrition Counseling Referral Form

Date: _____

Patient's Name: _____ DOB: _____ Gender: _____

Phone Number: _____

Reason for Referral

Check All That Apply	ICD 10 Code	ICD 10 Description / Concern / Condition)
	Z71.3	Dietary counseling and surveillance
	---	Mindful Eating / Intuitive Eating
	F50.01	Anorexia nervosa, restricting type
	F50.02	Anorexia nervosa, binge eating/purging type
	F50.2	Bulimia nervosa
	F50.9	Eating disorder, unspecified
	I10	Essential (primary) hypertension
	E11._____	Type 2 diabetes mellitus, with _____
	E78.5	Hyperlipidemia, unspecified
	K58	Irritable bowel syndrome
	Others: _____	
	Others: _____	
	Others: _____	

REQUIRED

Physician Name: _____

Physician Signature: _____

Physician NPI #: _____

Clinic/Hospital Name + Address: _____

EMAIL COMPLETED FORM TO: janice@themindfulchow.com

(email is encrypted and HIPAA-compliant)