



VÉRO NUTRITION

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Referral for Medical Nutrition Therapy (MNT)

Patient Name: _____ DOB: _____

Home Address: _____ Phone #: _____

Insurance: _____ Type: HMO/PPO/Medicare

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

Referral Needs: New Dx/Referral Change in Status/New Complication New Treatment plan

Check all diagnoses that apply to this referral

Type 1 Diabetes

- E10.64 Type 1 diabetes w/ hypoglycemia
- E10.65 Type 1 diabetes w/ hyperglycemia
- E10.9 Type 1 diabetes w/ no complications

Type 2 Diabetes

- E11.64 Type 2 diabetes w/ hypoglycemia
- E11.65 Type 2 diabetes w/ hyperglycemia
- E11.8 Type 2 diabetes w/ no complications

Kidney Disease

- N18.31 CKD Stage 3a (GFR 45-59)
- N18.32 CKD Stage 3b (GFR 30-44)
- N18.4 CKD Stage 4 (GFR 15-30)
- N18.5 CKD Stage 5 (<15)

- I10 Hypertension
- E78.0 Pure Hypercholesterolemia
- E78.5 Hyperlipidemia, unspecified
- E88.81 Metabolic Syndrome
- R73.01 Impaired Fasting Blood Glucose
- R73.03 Pre-Diabetes

Weight Management

- E66.3 Overweight
- E66.9 Obesity, unspecified

Other

- Z71.3 Dietary Counseling & Surveillance
- _____
- _____

Cardiovascular, Endocrine, & Metabolic Diseases

Exercise/Activity Plan

- Release: pt may walk 20-30 min 5-7x/week or _____
- Not Released: patient is unable to engage in physical activity

Provider Signature: _____ Date: _____

Provider Name: _____ NPI: _____

Phone: _____ Fax: _____

**For Medicare patients – referral must be completed by MD or DO only