



Healing Nutrition, LLC

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NPI # 1134749773

DIETITIAN REFERRAL FORM

Date: _____ Physician/Clinician Name: _____

NPI # _____

Patient Name: _____

DOB: _____

Phone Number: _____

Reason for Referral (select all that apply): MUST CHOOSE *DIABETES* or *RENAL DISEASE* for MEDICARE insured Patient with ICD-10 codes. Must select a dx. with ICD-10 code for Medicaid insured patients.

- | | |
|---|---|
| _____ Diabetes, ICD-10 code: _____ | _____ Renal disease, ICD-10 code: _____ |
| _____ Hypertension, ICD-10 code: _____ | _____ Obesity, ICD-10 code: _____ |
| _____ Hyperlipidemia, ICD-10 code: _____ | _____ CHD, ICD-10 code: _____ |
| _____ GI Disorder, ICD-10 code: _____ | _____ Hypertension, ICD-10 code: _____ |
| _____ Metabolic Syndrome, ICD-10 code: _____ | _____ Underweight, ICD-10 code: _____ |
| _____ Pregnancy/Breastfeeding, ICD-10 code: _____ | _____ Malnutrition, ICD-10 code: _____ |
| _____ Other, ICD-10 code: _____ | |

- Please attach patient's insurance card information (Policy number) or a scanned copy of the insurance card.

Relevant Lab Data: (*may attach pertinent labs*)

Weight _____ HgbA1C _____ Glucose _____ Total Cholesterol _____ HDL _____ LDL _____
Triglycerides _____ GFR _____

Physician Signature:

Date:
