



- Bethesda Hospital
- St. John's Hospital
- St. Joseph's Hospital
- Woodwinds Health Campus
- Other _____
- Surgery Center-Maplewood
- Hospice
- Midway Outpatient



OUTPATIENT NUTRITION REFERRAL FORM

To schedule an appointment with a Registered Dietitian, please call 651-232-5500.

Name: _____

Address _____ Phone # _____

Age _____ Height _____ Weight _____ Blood Pressure _____

RD to provide Nutritional Therapy for:

Referring Diagnosis:

- Type 2 Diabetes (250.00)
- Type 1 Diabetes (250.01)
- Hyperlipidemia (272.4)
- Metabolic Syndrome X(277.7)
- Hypertension (401.9)
- Malnutrition (263.9)
- Celiac Sprue (579.0)
- Congestive Heart Failure (428.0)
- Tube-Feeding Management (V444)
- Pre-Dialysis Renal Failure (585)
- Sleep Apnea (780.57)
- Morbid Obesity (278.01)
- Abnormal Weight Gain (783.1)
- Other _____

Pertinent Lab Data (or attach report)

Glucose _____	TG _____
Hg-A1C _____	Serum Albumin _____
Total Chol _____	For Chronic Kidney Disease Patients:
LDL Chol _____	Serum creatinine _____ Calcium _____
HDL Chol _____	GFR _____ Phosphorus _____
Other _____	BUN _____ Potassium _____

Current Medications: _____

Any Restrictions regarding exercise? _____

If none, please initial here for medical clearance for exercise _____

Nutritional counseling up to _____ visits as medically necessary

Physician/Provider Signature: _____ Date: _____ Time: _____

Printed Name: _____

Please fax referral form to HealthEast Scheduling Services: fax number-651-326-8516

Please give the original form to the patient to deliver to the dietitian at the time of the scheduled appointment.

Please note: Reimbursement for dietitians' services is limited for Medicare patients. If you have other insurance, check with your insurance company to verify your insurance coverage.



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