## **PHYSICIANS: Nutrition & Lactation Referral Form**

## Fax to (832) 900-3160 or Email to sara@happyeatingforallchildren.com

Patient Date of Birth:/	<i>J</i>
Phone Number:	Email:
<b>INSURANCE INFORMATION:</b>	
Insurance Company Name:	
Insurance Policy Number/Member ID:	
Insurance Group Number:	Provider Phone Number:
Subscriber Name (name of policyholder):	
Subscriber Date of Birth:/	
Referral To: Sara P Gonzalez RD LLC, DBA Happy E	
Specialty: Registered Dietitian Nutritionist, Regis	stered Lactation Consultant
	s 97802 (initial visit x 1) and 97803 (follow up visits x 5)
*TO BE COMPLET	FED BY REFERRING PHYSICIAN*  ss otherwise indicated:
*TO BE COMPLET This referral is valid for 1 year unle PHYSICIAN INFORMATION:	FED BY REFERRING PHYSICIAN*
*TO BE COMPLETED This referral is valid for 1 year unle PHYSICIAN INFORMATION:  Physician Name:	TED BY REFERRING PHYSICIAN* ss otherwise indicated:
*TO BE COMPLET This referral is valid for 1 year unle PHYSICIAN INFORMATION: Physician Name: Physician Signature:	red by Referring Physician* ss otherwise indicated:  Date:
*TO BE COMPLET This referral is valid for 1 year unle PHYSICIAN INFORMATION: Physician Name: Physician Signature:	red by Referring Physician* ass otherwise indicated:  Date:  Fax:
*TO BE COMPLET This referral is valid for 1 year unle PHYSICIAN INFORMATION:  Physician Name:  Physician Signature:  (If first referral, please include) Phone:	red by Referring Physician* ss otherwise indicated:  Date:  Fax:  hat apply.)
*TO BE COMPLET This referral is valid for 1 year unle PHYSICIAN INFORMATION:  Physician Name:  Physician Signature:  (If first referral, please include) Phone:  DIAGNOSIS CODE(S):  (ICD-10, please check all the R63.3 - Feeding problem/healthy eating	red by Referring Physician* ss otherwise indicated:  Date:  Fax:  hat apply.)  E11.9 - Type 2 diabetes (no insulin, no complication
*TO BE COMPLET This referral is valid for 1 year unle PHYSICIAN INFORMATION:  Physician Name:  Physician Signature:  (If first referral, please include) Phone:  DIAGNOSIS CODE(S):  (ICD-10, please check all the place of the problem/healthy eating)  R63.3 - Picky eater	red by Referring Physician* ss otherwise indicated:  Date:  Fax:  hat apply.)  E11.9 - Type 2 diabetes (no insulin, no complication
*TO BE COMPLET This referral is valid for 1 year unle PHYSICIAN INFORMATION:  Physician Name: Physician Signature: (If first referral, please include) Phone: DIAGNOSIS CODE(S): (ICD-10, please check all the place of the problem/healthy eating R63.3 - Picky eater R63.5 - Weight loss	TED BY REFERRING PHYSICIAN* ass otherwise indicated:  Date:  Fax: hat apply.)  E11.9 - Type 2 diabetes (no insulin, no complication  E11.65 - Type 2 diabetes with hyperglycemia
*TO BE COMPLET This referral is valid for 1 year unle PHYSICIAN INFORMATION:  Physician Name: Physician Signature: (If first referral, please include) Phone: DIAGNOSIS CODE(S): R63.3 - Feeding problem/healthy eating R63.3 - Picky eater R63.5 - Weight loss R63.6 - Underweight	red by Referring Physician* ss otherwise indicated:  Date:  Fax: hat apply.)  E11.9 - Type 2 diabetes (no insulin, no complication  E11.65 - Type 2 diabetes with hyperglycemia
*TO BE COMPLET This referral is valid for 1 year unle PHYSICIAN INFORMATION:  Physician Name: Physician Signature: (If first referral, please include) Phone: DIAGNOSIS CODE(S): (ICD-10, please check all the place of the problem/healthy eating R63.3 - Feeding problem/healthy eating R63.5 - Weight loss R63.6 - Underweight R63.6 - Underweight R63.1 - BMI ≤ 19.9 (too low)	red by Referring Physician* ss otherwise indicated:  Date:  Fax:  hat apply.)  E11.9 - Type 2 diabetes (no insulin, no complication  E11.65 - Type 2 diabetes with hyperglycemia  E11.9 - Type 2 diabetes with long-term insulin use  Z79.4 - Long-term insulin use (current)
*TO BE COMPLET  This referral is valid for 1 year unle  PHYSICIAN INFORMATION:  Physician Name:  Physician Signature:  (If first referral, please include) Phone:  DIAGNOSIS CODE(S):  (ICD-10, please check all the place of the problem/healthy eating and problem/healthy eating and problem are problem and problem are p	TED BY REFERRING PHYSICIAN* ss otherwise indicated:  Date:  Fax: hat apply.)  E11.9 - Type 2 diabetes (no insulin, no complication  E11.65 - Type 2 diabetes with hyperglycemia  E11.9 - Type 2 diabetes with long-term insulin use  Z79.4 - Long-term insulin use (current)  O24.410 - Gestational diabetes (diet controlled)
*TO BE COMPLET This referral is valid for 1 year unle PHYSICIAN INFORMATION:  Physician Name: Physician Signature: (If first referral, please include) Phone: DIAGNOSIS CODE(S): (ICD-10, please check all the	TED BY REFERRING PHYSICIAN* ass otherwise indicated:  Date:  Fax:  hat apply.)  E11.9 - Type 2 diabetes (no insulin, no complication  E11.65 - Type 2 diabetes with hyperglycemia  E11.9 - Type 2 diabetes with long-term insulin use  Z79.4 - Long-term insulin use (current)  O24.410 - Gestational diabetes (diet controlled)  O24.415 - Gestational diabetes (med controlled)
*TO BE COMPLET This referral is valid for 1 year unle PHYSICIAN INFORMATION:  Physician Name:	TED BY REFERRING PHYSICIAN* ass otherwise indicated:  Date:  Fax:  hat apply.)  E11.9 - Type 2 diabetes (no insulin, no complication  E11.65 - Type 2 diabetes with hyperglycemia  E11.9 - Type 2 diabetes with long-term insulin use  Z79.4 - Long-term insulin use (current)  O24.410 - Gestational diabetes (diet controlled)  O24.415 - Gestational diabetes (med controlled)
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