

OB GYN: Nutrition Referral Form

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

PATIENT INFORMATION:

Patient Name: _____

Patient Date of Birth: _____/_____/_____

Phone Number: _____ Email: _____

INSURANCE INFORMATION:

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 Eating For All Children. NPI # 1326597576.

Specialty: Registered Dietitian Nutritionist, Registered Lactation Consultant

Referral for: Medical Nutrition Therapy: CPT Codes 97802 (initial visit x 1) and 97803 (follow up visits x 5)

TO BE COMPLETED BY REFERRING PHYSICIAN

This referral is valid for 1 year unless otherwise indicated: _____

PHYSICIAN INFORMATION:

Physician Name: _____

Physician Signature: _____ Date: _____/_____/_____

(If first referral, please include) Phone: _____ Fax: _____

DIAGNOSIS CODE(S): (ICD-10, please check all that apply.)

- | | |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> O99.210 - Obesity (BMI \geq 30) complicating pregnancy, unspecified trimester | <input type="checkbox"/> Z78.9 - Vegetarian/vegan diet |
| <input type="checkbox"/> O99.211 - Obesity complicating pregnancy, 1 st trimester | <input type="checkbox"/> O26.11 - Low weight gain, 1 st trimester pregnancy |
| <input type="checkbox"/> O99.212- Obesity complicating pregnancy, 2 nd trimester | <input type="checkbox"/> O26.12 - Low weight gain, 2 nd trimester pregnancy |
| <input type="checkbox"/> O99.213- Obesity complicating pregnancy, 3 rd trimester | <input type="checkbox"/> O26.13 - Low weight gain, 3 rd trimester pregnancy |
| <input type="checkbox"/> O24.410 - Gestational diabetes (diet controlled) | <input type="checkbox"/> O26.10 - Low weight gain during pregnancy, unspecified trimester |
| <input type="checkbox"/> O24.414 - Gestational diabetes (insulin controlled) | <input type="checkbox"/> O25.11 - Malnutrition, 1 st trimester pregnancy |
| <input type="checkbox"/> O24.415 - Gestational diabetes (med controlled) | <input type="checkbox"/> O25.12 - Malnutrition, 2 nd trimester pregnancy |
| <input type="checkbox"/> O24.419 - Gestational diabetes (unspecified control) | <input type="checkbox"/> O25.13 - Malnutrition, 3 rd trimester pregnancy |
| <input type="checkbox"/> O26.01 - Excessive weight gain, 1 st trimester pregnancy | <input type="checkbox"/> O25.10 - Malnutrition during pregnancy, unspecified trimester |
| <input type="checkbox"/> O26.02 - Excessive weight gain, 2 nd trimester pregnancy | <input type="checkbox"/> O99.280 - Endocrine, nutritional, and metabolic disease complicating pregnancy, unspecified trimester |
| <input type="checkbox"/> O26.03 - Excessive weight gain, 3 rd trimester pregnancy | <input type="checkbox"/> Other(s): _____ |
| <input type="checkbox"/> O26.00 - Excessive weight gain during pregnancy, unspecified trimester | |