



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

PATIENT INFORMATION:

Patient Name: _____

Patient Date of Birth: ____/____/____

Parent/Legal Guardian Name: _____

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. *Neonatal* = ≤ 28 days of age)

- | | |
|---|--|
| <input type="checkbox"/> P92.5 - Breastfeeding problem (<i>neonatal</i>) | <input type="checkbox"/> K90.0 - Celiac disease |
| <input type="checkbox"/> P92.6 - Failure to thrive/Slow weight gain (<i>neonatal</i>) | <input type="checkbox"/> K50.90 - Crohn's disease (CD) |
| <input type="checkbox"/> P92.8 - Other feeding problem (<i>neonatal</i>) | <input type="checkbox"/> K51.90 - Ulcerative colitis (UC) |
| <input type="checkbox"/> K21.9 - GERD (without esophagitis) | <input type="checkbox"/> E84.9 - Cystic fibrosis (CF) |
| <input type="checkbox"/> K21.0 - GERD (with esophagitis) | <input type="checkbox"/> K58.0 - Irritable bowel syndrome (IBS) - diarrhea |
| <input type="checkbox"/> Z91.011 - Milk protein allergy | <input type="checkbox"/> K58.1 - Irritable bowel syndrome (IBS) - constipation |
| <input type="checkbox"/> K20.0 - Eosinophilic esophagitis (EoE) | <input type="checkbox"/> K58.2 - Irritable bowel syndrome (IBS) - D/C |
| <input type="checkbox"/> Z91.018 - Food allergy | <input type="checkbox"/> E73.9- Lactose intolerance |
| <input type="checkbox"/> R10.83 - Colic | <input type="checkbox"/> E73.10- Fructose intolerance |
| <input type="checkbox"/> R63.3 - Feeding problem (>28 days of age) | <input type="checkbox"/> E73.9- Other carbohydrate intolerance (_____) |
| <input type="checkbox"/> R62.51 - Failure to thrive/Poor weight gain | <input type="checkbox"/> R63.5 - Excessive weight gain |
| <input type="checkbox"/> R63.4 - Weight loss | <input type="checkbox"/> E66.09 - Obesity |
| <input type="checkbox"/> R63.6 - Underweight | <input type="checkbox"/> Z68.54 - BMI ≥ 95th %ile |
| <input type="checkbox"/> Z68.51 - BMI < 5th %ile | <input type="checkbox"/> K76.0 - Non-alcoholic fatty liver disease (NAFLD) |
| <input type="checkbox"/> R63.3 - Feeding problem | <input type="checkbox"/> Other(s): _____ |
| <input type="checkbox"/> Z93.1 - Tube feeding | |