



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. *Please note: Neonatal = ≤ 28 days of age*)

- P92.5 - Breastfeeding problem (*neonatal*)
- P92.6 - Failure to thrive/Slow weight gain (*neonatal*)
- P59.9 - Hyperbilirubinemia/Jaundice (*neonatal*)
- Q38.1 - Ankyloglossia/Tongue tie
- K21.9 - GERD (without esophagitis)
- Z91.011 - Milk protein allergy
- P92.8 - Other feeding problem (*neonatal*)
- R63.3 - Breastfeeding problem (*>28 days of age*)
- R63.3 - Difficulty introducing solid foods
- R62.51 - Failure to thrive/Slow weight gain
- R63.3 - Feeding problems/Picky eater
- R63.4 - Weight loss
- R63.6 - Underweight
- Z68.51 - BMI < 5th %ile

Z68.53 - BMI 85th-95th %ile

R63.5 - Excessive weight gain

E66.09 - Obesity

Z68.54 - BMI ≥ 95th %ile

R73.03 - Prediabetes (HbA1C = 5.7-6.4% or fasting glucose ≥100 mg/dl)

L83 - Acanthosis nigricans

R63.3 - Feeding problem

Z93.1 - Tube feeding

Z78.9 - Vegetarian/vegan diet

Z91.018 - Food allergy

Other(s): _____