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



## 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: Email:	
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:	
<b>DIAGNOSIS CODE(S):</b> (ICD-10, please check <u>all</u> that apply. <i>Please note: Neonatal</i> = $\leq$ 28 days of age)	
□ P92.5 - Breastfeeding problem (neonatal)	□ Z68.53 - BMI 85th-95th %ile
□ P92.6 - Failure to thrive/Slow weight gain (neonatal)	□ R63.5 - Excessive weight gain
□ P59.9 - Hyperbilirubinemia/Jaundice (neonatal)	□ E66.09 - Obesity
□ Q38.1 - Ankyloglossia/Tongue tie	□ Z68.54 - BMI ≥ 95th %ile
☐ K21.9 - GERD (without esophagitis)	$\square$ R73.03 - Prediabetes (HbA1C = 5.7-6.4% or
□ Z91.011 - Milk protein allergy	fasting glucose ≥100 mg/dl)
□ P92.8 - Other feeding problem (neonatal)	□ L83 - Acanthosis nigricans
□ R63.3 - Breastfeeding problem (>28 days of age)	□ R63.3 - Feeding problem
□ R63.3 - Difficulty introducing solid foods	□ Z93.1 - Tube feeding
□ R62.51 - Failure to thrive/Slow weight gain	□ Z78.9 - Vegetarian/vegan diet
□ R63.3 - Feeding problems/Picky eater	□ Z91.018 - Food allergy
□ R63.4 - Weight loss	□ Other(s):
□ R63.6 - Underweight	
□ Z68.51 - BMI < 5th %ile	

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