



We are in-network with Aetna, Blue Cross Blue Shield, United Healthcare and Medicare

Patient Name: _____ DOB: _____ Date: _____

Parent/Guardian Name: _____ Patient Phone: _____

Insurance Plan: _____ Member ID: _____

Reason for Referral (Please check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Z71.3 Dietary counseling and surveillance | <input type="checkbox"/> I10 Essential (primary) hypertension |
| <input type="checkbox"/> Z83.3 Family history of diabetes | <input type="checkbox"/> D50.9 Iron deficiency anemia, unspecified |
| <input type="checkbox"/> R73.03 Pre-diabetes | <input type="checkbox"/> E73.9 Lactose intolerant, unspecified |
| <input type="checkbox"/> R73.9 Hyperglycemia | <input type="checkbox"/> EE78.0 Pure hypercholesterolemia |
| <input type="checkbox"/> E11.64 Type 2 Diabetes Mellitus with hypoglycemia | <input type="checkbox"/> E78.2 Mixed hyperlipidemia |
| <input type="checkbox"/> E11.65 Type 2 Diabetes Mellitus with hyperglycemia | <input type="checkbox"/> E88.1 Metabolic syndrome |
| <input type="checkbox"/> R63.4 Abnormal weight loss | <input type="checkbox"/> E03.9 Hypothyroidism, unspecified |
| <input type="checkbox"/> R63.5 Abnormal weight gain | <input type="checkbox"/> E28.2 Polycystic ovarian syndrome |
| <input type="checkbox"/> R63.6 Underweight | <input type="checkbox"/> N18.2 Chronic kidney disease, stage 2 |
| <input type="checkbox"/> Z68.1 BMI 19 or less, adult | <input type="checkbox"/> N18.31 Chronic kidney disease, stage 3a |
| <input type="checkbox"/> E66.01 (severe) obesity due to excess calories | <input type="checkbox"/> N18.32 Chronic kidney disease, stage 3b |
| <input type="checkbox"/> E66.3 Overweight | <input type="checkbox"/> N18.4 Chronic kidney disease, stage 4 |
| <input type="checkbox"/> E66.9 Obesity, unspecified | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Other: _____ |

Notes: _____

Physician's Information (Written signature and date)

Practice Name: _____ Phone: _____ Fax: _____

Name: _____ NPI: _____

Signature: _____ Date: _____