



# Nutrition Referral Form (PCP only)

*Please fax the referral form, copy of patients picture ID, and patients insurance card to 1-808-215-8794. Your patient will be contacted within 3 business days to schedule.*

*Please contact Ke'alohe at 808-780-0301 with questions or concerns.*

*\* The information requested above is Protected Health Information (PHI) and is the minimum necessary to execute the delivery of patient services. Please understand as a link in the "Chain of Trust," all PHI will remain confidential as mandated by the Treatment, Payments and Healthcare Operation Laws mandated by HIPAA*

## Client Information

Legal first name

Last name

Street

Unit

City

State/Province

Postal Code

Home Phone

Mobile Phone

Email Address

Date of Birth

Gender

## CPT codes

Please check all that apply

- ☐ S9470 Nutrition Counseling
- ☐ 97802 Medical Nutrition Therapy, Initial Assessment
- ☐ 97803 Medical Nutrition Therapy, Follow up

**Ke'alohe Naipo, RD**

Ma'ona Nutrition

### ICD-10 (Obesity related codes)

Check all diagnoses that apply to this referral

- ☐ E66.01 Morbid (severe) obesity due to excess calories
- ☐ E66.811 Class 1 obesity (BMI 30.0–34.9)
- ☐ E66.812 Class 2 obesity (BMI 35.0–39.9)
- ☐ E66.813 Class 3 severe/morbid obesity (BMI 40.0+)
- ☐ E66.09 Obesity, unspecified
- ☐ Other

*If 'Other', please (specify):*

### ICD-10 (Eating Disorder Related)

Check all diagnoses that apply to this referral

- ☐ F50.00 Anorexia nervosa, unspecified
- ☐ F50.01 Anorexia nervosa, restricting type
- ☐ F50.02 Anorexia nervosa, binge eating/purging type
- ☐ F50.2 Bulimia nervosa
- ☐ F50.81 Binge eating disorder
- ☐ F50.89 Other specified eating disorder
- ☐ Other

*If 'Other', please (specify):*

**ICD-10 (Healthy Diet related)**

Check all diagnoses that apply to this referral

- ☐ Z71.3 Dietary counseling and surveillance
- ☐ E78.2 Hyperlipidemia
- ☐ I10 Essential (primary) hypertension
- ☐ E43 Unspecified severe protein calorie malnutrition
- ☐ E66.3 Overweight (BMI 25-29.9)
- ☐ Other

*If 'Other', please (specify):*

**Other**

Please provide any additional ICD-10 related to this order

Provider Information

Additional Information

Any information related to patient care plan (Optional)

- ☐ Most recent lab work
- ☐ Most recent physician note
- ☐ Pertinent medications
- ☐ Other

If 'Other', please (specify):

Exercise Restrictions

☐ Yes ☐ No

Provider Information

|             |                  |             |
|-------------|------------------|-------------|
| Title       | Legal first name | Last name   |
| <div></div> | <div></div>      | <div></div> |

|             |              |             |
|-------------|--------------|-------------|
| Work Phone  | Mobile Phone | Fax Number  |
| <div></div> | <div></div>  | <div></div> |

Email Address

Occupation

Provider NPI

|                                                                                                                                                                             |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>Provider Signature</b>                                                                                                                                                   |              |
| Above is referred for <i>medical nutrition therapy</i> or <i>nutrition counseling</i> as a necessary part of treatment and prevention of complications for diagnosis listed |              |
| <div></div>                                                                                                                                                                 |              |
| <b>X</b>                                                                                                                                                                    |              |
| <b>Print name:</b>                                                                                                                                                          | <b>Date:</b> |