

Physician Referral for Medical Nutrition Therapy (MNT)

Kindly ensure that this referral is completed in its entirety and then proceed to print, sign, and fax it to the following address: (877) 940-2565.

Leafy Life Nutrition
(678) 718-8246
info@leafylifenutrition.com
leafylifenutrition.com

Patient Information

Legal first name Last name

Date of birth

Referral Needs

New diagnosis New treatment plan
New complication

Current Medications

Hemoglobin A1C

Please provide the most recent A1C value and testing date.

Release to discuss light physical activity Yes No
For example, recommending 20 minutes of walking daily.

ICD-10 Diagnoses

Please select all ICD-10 codes that apply to this referral.

- E10.65 Type 1 diabetes mellitus with hyperglycemia
- E10.8 Type 1 diabetes mellitus with unspecified complications
- E10.9 Type 1 diabetes mellitus without complications
- E11.65 Type 2 diabetes mellitus with hyperglycemia
- E11.8 Type 2 diabetes mellitus with unspecified complications
- E11.9 Type 2 diabetes mellitus without complications
- R73.03 Prediabetes
- R73.09 Other abnormal glucose
- E66.3 Overweight
- E66.9 Obesity, unspecified
- E66.01 Morbid (severe) obesity due to excess calories

Other Diagnoses

Please list any other ICD-10 codes that apply to this referral.

	ICD-10	ICD-10 Description
1		
2		
3		

Physician Information

Contact Details

Title	Legal first name	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Work phone	Mobile phone	Fax number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	
Title/Occupation	<input type="text"/>	

Physician NPI

[Redacted area for Physician NPI]

Name of person completing referral form (if not physician)

[Redacted area for Name of person completing referral form]

Physician
By signing below, I affirm that I have formally referred the specified patient to Leafy Life Nutrition LLC for professional nutrition counseling services.

X

Print name: **Date:**