Life Focus Nutrition
A Division of Linda Arpino & Associates, Inc.

(914)935-0123

MD please complete and FAX TO (866)293-4500
or email to LA@lifefoucsnutrition.com

MD Referral for Medical Nutrition Therapy

Please include a current list of medications, dosages & current lab results.

Date:	Patient name:	Date of Birth: Age:
Day time phone number:	Insurance:	Physicians Name:
Height: Weight:		Gender: Female_____ Male:_____

I acknowledge and authorize release or information to health care provider/s listed and give permission to share my healthcare treatment plan including medication and pertinent lab tests.
Patient/Guardian__________________________Date:__________If Guardian, print name here: ___________________________

	CURRENT MEDICAL DIAGNOSES (check all that apply)				
	ICD-9	**ENDOCRINE, NUTRITIONAL AND METABOLIC, IMMUNITY**		**ICD-9**	
	250.00	Diabetes II/unspecified		428.0	Congestive heart failure
	250.01	Diabetes I			**DIGESTIVE SYSTEM**
	250.02	Diabetes II/unspecified, uncontrolled		555.9	Crohn's disease NOS
	250.03	Diabetes I, uncontrolled		556.0	Ulcerative (chronic) enterocolitis
	250.1	Diabetes with ketoacidosis		562.10	Diverticulosis of colon
	251.2	Hypoglycemia, unspecified		562.11	Diverticulitis of colon
	256.4	Polycystic ovarian syndrome		564.1	Irritable bowel syndrome
	271.3	Intestinal disaccharidase deficiencies and disaccharide malabsorption		575.9	Unspecified disorder of gallbladder
	271.9	Unspecified disorder of carbohydrate transport and metabolism			**GENITOURINARY SYSTEM**
	272.0	Pure hypercholesterolemia		585.3	Chronic kidney disease, Stage III (moderate)
	272.1	Pure hyperglyceridemia		585.4	Chronic kidney disease, Stage IV (severe)
	272.4	Combined hyperlipidemia		585.5	Chronic kidney disease, Stage V
	272.2	Mixed hyperlipidemia		585.6	End stage renal disease
	272.9	Unspecified disorder of lipid metabolism		585.9	Chronic kidney disease, unspecified
	277.7	Dysmetabolic syndrome X			**SKIN AND SUBCUTANEOUS TISSUE**
	278.00	Obesity, unspecified		693.1	Dermatitis: Due to food
	278.01	Morbid obesity			**SYMPTOMS, SIGNS, ILL-DEFINED**
	278.02	Overweight		783.21	Loss of weight
		CIRCULATORY SYSTEM		790.2	Abnormal glucose
	401.0-401.9	Essential hypertension			**Other**
	402.0-402.9	Hypertensive heart disease			
	414.0	Coronary atherosclerosis			

Relevant Medications and Dosages (type/frequency):

Please attach or note any pertinent lab work to aid in the medical diagnosis and treatment including blood pressure:

Physical Activity Restrictions: none: ______ limit to: ____
Comments (medical conditions, goals for nutrition therapy):

MNT is a part of the patient's medical treatment for the medical diagnosis(es) listed.
Physician's Signature____ **Date** ________________________

The information requested above is Protected Health Information (PHI), and is the minimum necessary to execute 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.

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