

**Medical Nutrition Therapy/Nutrition Education Prescription
Digestive Health Services**

FAX TO: (757) 312-6271 CRH Outpatient Scheduling

Patient Name: _____ Date _____
 Home Phone # _____ Cell# _____ DOB _____
 Healthkeepers Auth. # _____

DIAGNOSIS: (please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Celiac Disease
<input type="checkbox"/> Crohn's Disease
<input type="checkbox"/> Diverticulitis
<input type="checkbox"/> Diverticulosis
<input type="checkbox"/> Gastroparesis
<input type="checkbox"/> Gastroesophageal Reflux Disease
<input type="checkbox"/> Irritable Bowel Syndrome
<input type="checkbox"/> Lactose Intolerance
<input type="checkbox"/> Pancreatitis | <input type="checkbox"/> Diabetes Mellitus – Type 2
<input type="checkbox"/> Diabetes Mellitus – Type 1
<input type="checkbox"/> Other (please include ICD 10 Code): _____
<input type="checkbox"/> Other (please include ICD 10 Code): _____ |
|---|--|

SUPPORTING LABS

Labs – please fax labs with referral

Nutrition Counseling/Medical Nutrition Therapy (One hour counseling with dietitian) If referring for a diagnosis other than those listed above, please include diagnosis and ICD10 code above and include comments below.

- This patient has special needs requiring only individual (1:1) education (please check all that apply):**
- Impaired Vision
 - Impaired Mental Status/Cognition
 - Impaired Hearing
 - Language Barrier
 - Learning Disability
 - Other _____

I hereby certify that I am managing this patient's condition and that the above-prescribed training is a necessary part of management.

Print Name of Referring Physician/Provider _____ Phone _____

Group Name, Address and Fax: _____

Physician's/Provider's Signature _____ Date _____

The information contained in this facsimile message is privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of the communication is strictly prohibited. If you have received this communication in error, please notify us by telephone and return the original message to us at the above address via the U.S. Postal Service. **Thank you.**

If you have any questions please call Central Registration at (757) 312-6137 or Lifestyle Center at (757) 312-6132.