



Outpatient Nutrition Counseling  
 100 W. California Blvd, Pasadena, CA 91105  
 Office Phone: (626) 397-8450

**NUTRITION REFERRAL FORM**

**Please fax completed forms to (626) 397-2138  
 All patients are responsible for scheduling their own appointments by  
 contacting the Call Center at (626) 397-5600 ext. 6**

**Patient Information**

Client Name: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

Client Phone Number(s): Home \_\_\_\_\_ Cell \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Diagnosis**

- |   |   |
|---|---|
| <input type="checkbox"/> Diabetes type 1 (E10.9)          | <input type="checkbox"/> Dyslipidemia (E78.9)                   |
| <input type="checkbox"/> Diabetes type 2 (E11.9)          | <input type="checkbox"/> Hypertension (I10)                     |
| <input type="checkbox"/> Other abnormal glucose (R73.09)  | <input type="checkbox"/> Fatty Liver (K70.0, K76.0)             |
| <input type="checkbox"/> Overweight/Obesity (E66.3/E66.9) | <input type="checkbox"/> Food allergies (T78.40XA)              |
| <input type="checkbox"/> Underweight (R63.6)              | <input type="checkbox"/> Failure to Thrive- Pediatrics (R62.51) |

Other \_\_\_\_\_

*Please fax lab values; For pediatrics, attach growth charts and MD progress note(s)*

**Education Rx (CPT 97802, 97803, 97804)**

- |  |  |
|--|--|
| <input type="checkbox"/> Diabetes education      | <input type="checkbox"/> Medical Nutrition Therapy     |
| <input type="checkbox"/> Glucose meter education | <input type="checkbox"/> Weight Management (gain/loss) |
| <input type="checkbox"/> Cholesterol management  | <input type="checkbox"/> Blood pressure management     |

Other \_\_\_\_\_

*If renal, please specify desired protein, sodium, fluid, potassium and/or phosphorus restriction(s)*

**Referring Physician Signature:** \_\_\_\_\_

**Referring Physician Printed Name:** \_\_\_\_\_

**Physician Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_