



Nutrition Treatment Referral Form:

In order for a new patient to receive a virtual appointment for medical nutrition therapy services, we require that a medical provider submit this referral form. Once received we will contact the patient, using the contact number provided, to obtain information needed to schedule the first appointment.

Below is a list of common diagnosis we treat (this list is not all-inclusive):

Anorexia Nervosa, unspecified: F50.00; Anorexia Nervosa: F50.0; Binge Eating Disorder: F50.81
Bulimia Nervosa: F50.2; Eating Disorder, unspecified: F50.9; Avoidant Restrictive Food Intake Disorder: F50.82; Weight Management for Obesity: E66.**; Overweight: E66.3; Obesity due to excess calories: E66.9
Dietary counseling/ Preventive Z71.3; Diabetes Mellitus Type 2: E11.01; Hypercholesterolemia, unspecified: E78.0; Nutritional Deficiency unspecified: E63.9; IBS with diarrhea: K58.0; IBS with constipation: K58.1; IBS, mixed K58.2; IBS other: K58.8; IBS without diarrhea: K58.9

***provide coding numbers according to the patient's BMI*

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Patient's Name: _____ **DOB:** _____

Patient's Contact Number(s): _____

Diagnosis: _____ **ICD-10 Code:** _____

Name of Medical Provider: _____

Signature of Medical Provider: _____ Date: _____

Office Address of Medical Provider: _____

Office Number of Medical Provider: _____

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Please fax this form to 888-434-5097

Email: info@behavioralnutrition.org

Main Office: 617-595-7044

Behavioral Nutrition, Inc.