



**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; 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](mailto:info@behavioralnutrition.org)

Main Office: 617-595-7044