

REFERRAL FOR OUTPATIENT NUTRITION CARE*

Outpatient Nutrition Counseling Services

Carroll Hospital’s Nutrition Counseling Services address a variety of illnesses, conditions and concerns for people of all ages. Comprehensive nutritional assessments are completed by licensed, registered dietitians. Tailored recommendations and treatment plans are developed based on individual need, utilizing the latest nutritional science and guidelines.

A provider referral is required.

Patient Information: (patients or family may fill in top portion)

Name		Birthdate	
Address			
City		State	Zip
Home Phone	Work Phone		Cell Phone
Home Email		Insurance Carrier/Policy Number	

Consult & Treat (Highly Recommended)

ICD-10 Diagnosis Codes/Nutrition Prescription: PROVIDER: PLEASE FILL IN ALL APPLICABLE CODE NUMBERS

<input type="checkbox"/> Abnormal Weight Gain or <input type="checkbox"/> Abnormal Weight Loss _____
<input type="checkbox"/> Anorexia <input type="checkbox"/> Cachexia <input type="checkbox"/> Cancer _____
<input type="checkbox"/> Cardiovascular Issues (Heart Disease, Heart Failure) _____
<input type="checkbox"/> Eating Disorder (Anorexia Nervosa, Bulimia, Overeating) _____
<input type="checkbox"/> Feeding Difficulties <input type="checkbox"/> Dysphagia <input type="checkbox"/> Food Allergy _____
<input type="checkbox"/> FTT (Adult, Newborn, Pediatric) _____
<input type="checkbox"/> Gastric/GI issues (Reflux, Gastroenteritis, Colitis, Crohn’s, IBS, Diverticulitis/osis) _____
<input type="checkbox"/> Glucose Alterations: <input type="checkbox"/> Hyperglycemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Abnormal glucose <input type="checkbox"/> Prediabetes _____
<input type="checkbox"/> Hypercholesterolemia/Hyperlipidemia, Hypertriglyceridemia _____
<input type="checkbox"/> Hypertension/High Blood Pressure _____
<input type="checkbox"/> Malabsorption, <input type="checkbox"/> Malnutrition _____
<input type="checkbox"/> Mental or Behavioral Disorder (Depression, other) _____
<input type="checkbox"/> Nutrition or Dietary Counseling _____
<input type="checkbox"/> Obesity (BMI 30-39, Morbid Obesity BMI >40) <input type="checkbox"/> Overweight (BMI 25-29) _____
<input type="checkbox"/> Prematurity _____
<input type="checkbox"/> Renal Issues (ESRD, CKD, ARF) _____
<input type="checkbox"/> Tube Feeding/Enteral Nutrition _____
<input type="checkbox"/> Underweight _____
<input type="checkbox"/> Vitamin/Nutrient Deficiency _____
<input type="checkbox"/> Other (please add ICD-10 code): _____

Recent Hospitalization: Yes No

Special accommodations required: Yes No

Provider (MD, DO, PA-C, NP) Signature: _____ Date: _____

Provider Name (Printed): _____ Phone: _____ Fax: _____

TO SCHEDULE APPOINTMENT:

Step 1: **FAX** this completed form to Centralized Scheduling: **410-840-4016**

Step 2: **FAX** recent History & Physical, Laboratory Test Results, and Pediatric Growth Charts (if applicable) to: **410-871-7370**

*For Adult Diabetes Mellitus patients needing management and teaching, please use the diabetes referral form “Order for Diabetes Self-Management Education” or contact the Carroll Hospital Diabetes Program at 410-871-6957 or Scheduling at 410-871-7678 option 4.

Diagnostic Codes- For Reference Only	
Diabetes	
E10.6	Type 1 DM with other specified complications
E10.9	Type 1 DM without complications
E11.6_	Type 2 DM with other specified complications (use additional characters to specify) Specify complication _____
E11.65	Type 2 DM with hyperglycemia
E11.8	Type 2 DM with unspecified complications
Symptoms, Signs, Abnormal Clinical/Lab Findings	
R73.01	Impaired fasting glucose
R73.02	Impaired glucose tolerance test (oral)
R73.09	Other abnormal glucose (pre-diabetes)
Malnutrition	
E43	Unspecified severe protein-calorie malnutrition
E44.0	Moderate protein-calorie malnutrition
E44.1	Mild protein-calorie malnutrition
E45	Retarded development following protein-calorie malnutrition
E46	Unspecified severe protein-calorie malnutrition
E64.0	Sequelae of protein-calorie malnutrition
Mental, Behavioral, Neurodevelopmental Disorders	
F50.0	Anorexia nervosa
F50.2	Bulimia nervosa
F50.8	Other eating disorder
F50.9	Eating disorder, unspecified
Weight Management	
E66.01	Morbid (severe) obesity due to excess calories
E66.09	Other obesity due to excess calories
E66.1	Drug induced obesity
E66.3	Overweight
E66.9	Obesity, unspecified
R62.51	Failure to thrive, child
R62.7	Failure to thrive, adult
R63.4	Abnormal weight loss
R63.5	Abnormal weight gain
R63.6	Underweight
Endocrine, Nutritional and Metabolic Diseases	
E03.9	Hypothyroidism, unspecified
E16.2	Hypoglycemia, unspecified
E28.2	Polycystic ovarian syndrome
E73.9	Lactose intolerance, unspecified
E78.0	Pure hypercholesterolemia
E78.1	Pure Hypertriglyceridemia
E78.5	Hyperlipidemia, unspecified
E78.89	Other lipoprotein metabolism disorders
E88.81	Metabolic syndrome
M10.9	Gout, unspecified
Pregnancy	
O21.0	Mild hyperemesis gravidarum
O21.1	Hyperemesis gravidarum with metabolic disturbance
O24.01_	Pre-existing diabetes mellitus type 1, in pregnancy (use additional characters to identify trimester)
O24.11_	Pre-existing diabetes mellitus type 2, in pregnancy (use additional characters to identify trimester)
O24.410	Gestational diabetes mellitus, diet controlled
O24.414	Gestational diabetes mellitus, insulin-controlled
O24.415	Gestational diabetes mellitus in pregnancy controlled by oral hypoglycemic drugs
O26.10	Low weight gain in pregnancy, unspecified trimester
O99.210	Obesity complicating pregnancy, unspecified trimester
Diseases of the Circulatory System	
I10	Essential (primary) hypertension
I25._	Chronic ischemic heart disease (Use add'l characters for specificity)
I50._	Heart Failure (Use add'l characters for specificity)
Diseases of the Digestive System	
K21.0	Gastroesophageal reflux disease with esophagitis
K21.9	Gastroesophageal reflux disease without esophagitis
K29.7_	Gastritis, unspecified (Use additional character for w/wo bleeding)

Diagnostic Codes- For Reference Only	
K50.90	Crohn's disease, unspecified without complications
K51.00	Ulcerative colitis without complications
K57.10	Diverticulosis of small intestine without perforation/abscess w/o bleed
K57.30	Diverticulosis of large intestine without perforation/abscess w/o bleed
K58._	Irritable bowel syndrome (use additional characters for w/wo diarrhea)
K59.00	Constipation, unspecified
K59.1	Functional Diarrhea
K86.1	Other chronic pancreatitis
K90.0	Celiac Disease
K31.84	Gastroparesis
Kidney Disease	
N.18.6	End Stage Renal Disease
N18.5	Chronic kidney disease, Stage 5
N18.4	Chronic kidney disease, Stage 4
N18.3	Chronic kidney disease, Stage 3
N18.2	Chronic kidney disease, Stage 2
N18.1	Chronic kidney disease, Stage 1
Disease of the Blood	
D50.9	Iron deficiency anemia, unspecified
D51.3	Other dietary vitamin B12 deficiency anemia (vegan anemia)
D52.0	Dietary folate deficiency anemia
D53.9	Nutrition anemia, unspecified (simple chronic anemia)
D64.9	Anemia, unspecified
Disease of the Genitourinary System	
N20.0	Calculus of kidney
Food Allergies	
Z91.010	Peanuts
Z91.011	Milk products
Z91.012	Eggs
Z91.013	Seafood
Z91.018	Allergy to other foods
Body Mass Index	
Z68.1	BMI 19.9 or less, adult
Z68.2_	BMI 20+, adult (Requires 4th character for specific BMI)
Z68.3_	BMI 30+, adult (Requires 4th character for specific BMI)
Z68.4_	BMI 40 +, adult (Requires 4th character for specific BMI)
Z68.5_	BMI, pediatric (Requires 4th character for specific percentile)
No Specific Diagnosis	
Z71.3	Dietary counseling and surveillance
Weeks of Gestation	
P07.34	Prematurity 31 week
P07.35	Prematurity 32 week
P07.36	Prematurity 33 week
P07.37	Prematurity 34 week
P07.38	Prematurity 35 week
P07.39	Prematurity 36 week
Twin	
Z38.31	Liveborn, Twin C/S
Z38.30	Liveborn, Twin VAG
Single Birth	
Z38.00	Liveborn, singleton VAG
Z38.01	Liveborn, singleton C/S
Additional Diagnosis Codes:	
P92.9	Feeding Problem of newborn, unspecified
P92.5	Neonatal difficult in feeding at breast
	Neonatal withdrawal symptoms from maternal use of drug addiction
P96.1	
Z60.9	Problem related to social environment
P92.2	Slow feeding of newborn
P92.8	Other feeding problems of newborn
Q35.9	Cleft palate, unspecified
Q36.9	Cleft lip, unilateral
K21.9	GE Reflux
R63.3	Feeding Difficulties

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