



Referral Form for Lifestyle Medicine & Nutrition Services

328 Uluniu St Suite #103, Kailua, HI 96734 Ph: (808)451-0555. **Fax: (808)762-1586**

For office use only:
Fax this form (or EHR referral) with the following:
Recent Medical Note (or list of all relevant
diagnoses, medications, vital signs, etc.)
Insurance billing information & demographics
Relevant labs

Date of referral:	·
Referring Physician:	Patient name:
Address:	DOB:
Phone:	Address:
Fax:	Phone:
PCP:	Insurance:

ALL REFERRALS REQUIRE A MEDICAL NOTE FROM THE REFERRING PHYSICIAN STATING THAT THE SERVICE IS MEDICALLY NECESSERY FOR THE CORRESPONDING DIAGNOSIS

1. Reason for Referral:				
New diagnosis	Medication education or management			
Review/reinforcement	Other:			

2. Referral type - Dietitian Services or Lifestyle Medicine Consult, Telehealth or In-Person

Referral for TELEHEALTH Medical Nutrition Therapy or Group Services - Amanda McFarland, RD Referral for IN-PERSON Medical Nutrition Therapy or Group Services - Alyssa Los, RN, RD *Medicare covers 3 initial hours and 2 follow up hours. DM/CKD/CRF/Renal transplant for Medicare only. Referral for IN-PERSON Lifestyle Medicine Consult with Sarah Canyon MD PhD, ABFM, ABLM *FOR Lifestyle Medicine consult ONLY - unable to accept HMSA or Medicare at this time

3. Di	iagnosis <i>i</i>	nlease	refer to i	paae two fo	r diaanoses i	likely to	be covered b	v insurance)
-------	-------------------	--------	------------	-------------	---------------	-----------	--------------	--------------

REFER TO PAGE 2 - Please tick all that apply OR	
OTHER	
SPORTS NUTRITION (Cash only, call for rates)	

4. Diabetes Self-Management Education (DSME)

□ Tele	health	vs 🗆	In-P	erson
--------	--------	------	------	-------

GROUP Diabetes Self-Management Education

INDIVIDUAL Self-Management Education- special needs support referral for individual education required by Medicare:

Impaired VisionLanguage Barriers13-18 yrs oldImpaired HearingLearning DisabilityOther _

Impaired Mobility Impaired Cognition

Annual/Post Program Follow Up DMSE

*Medicare covers 10 initial hours and 2 follow up hours.

<u>Please attach H&P, most recent office visit note, original lab</u>

<u>values and current medications prescribed</u>

Medical Diagnoses(s): Please check all that apply **DIABETES:**

E10.Type 1 diabetes mellitus

E10.1 to E10.9 Type 1 diabetes mellitus

E11.0 to E11.9 Type 2 diabetes mellitus

ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES:

E03.9 Hypothyroidism, unspecified

E05.90 Thyrotoxicosis, unspecified

E16.1 Other hypoglycemia

E16.2 Hypoglycemia, unspecified

E28.2 Polycystic ovarian syndrome

E73.0 to E73.9 Lactose intolerance and Cystic

fibrosis

M1A.3 to M10.9 Gout

SYMPTOMS, SIGNS AND ABNORMAL CLINICAL AND **LABORATORY FINDINGS:**

R73.01 Impaired fasting glucose

R73.02 Impaired glucose tolerance test (oral)

R73.03 PREDIABETES

R73.09 Other abnormal fasting glucose

KIDNEY DISEASE:

N18.3 Chronic kidney disease, stage 3

N18.4 Chronic kidney disease, stage 4

N18.5 Chronic kidney disease, stage 5

Z94.0 Kidney transplant status

DISEASES OF THE CIRCULATORY SYSTEM:

I10 Essential (primary) hypertension

I11.0 Hypertensive heart disease with

(congestive) heart failure

I11.9 Hypertensive heart disease without

(congestive) heart failure

I12 Hypertensive chronic kidney disease

125 Chronic ischemic heart disease

I50 Heart failure

OBESITY:

Z68.30 to Z68.45 BMI 30.0 and above, adult

Z68.52 to Z68.54 BMI, pediatric

WEIGHT MANAGEMENT:

E66.0 Obese due to excess calories

E66.01 Morbid (severe) obesity due to excess calories

E66.1 to E66.9 Other obesity related codes

R62.51 Failure to thrive, child

R63.4 Abnormal weight loss

R63.5 Abnormal weight gain

R63.6 Underweight

Z68.1 BMI 19 or less, adult

Z68.51 BMI, pediatric, less than 5th percentile for age

ENDOCRINE. NUTRITIONAL AND METABOLIC DISEASES:

E78.0 to E78.9 Disorders of lipoprotein metabolism and other lipidemias E88.81 Metabolic syndrome

DISEASE OF THE GENITOURINARY SYSTEM:

N20.0 Calculus of kidney

DISEASES OF THE DIGESTIVE SYSTEM:

K21.0 to K29.7 Various gastrointestinal diseases including GERD and gastritis

K44 Diaphragmatic hernia

K50.0 to K50.9 Crohn's disease

K51 Ulcerative colitis

K57.1 to K57.3 Diverticular disease

K58 Irritable bowel syndrome

K59 Constipation

K59.1 Functional diarrhea

K70.3 Alcoholic cirrhosis of liver

K86.0 to K86.1 Chronic pancreatitis

K90.0 Celiac disease

DISEASES OF THE BLOOD:

D50.8 to D64.9 Various anemias including iron deficiency and unspecified

PREGNANCY RELATED:

021.0 to 021.2 Hyperemesis gravidarum 024.01 to 024.414 Diabetes in pregnancy 026.00 Excessive weight gain in pregnancy, unspecified trimester

026.10 Low weight gain in pregnancy

DISEASE OF THE MUSCULOSKELETAL SYSTEM:

M81.0 Age-related osteoporosis without current pathological fracture M81.8 Other osteoporosis without current pathological fracture

DISEASES OF THE NERVOUS SYSTEM:

G47.30 Sleep apnea, unspecified G47.33 Obstructive sleep apnea

ADULT MALNUTRITION:

E43 Unspecified severe protein-calorie malnutrition

E44.0 Moderate protein-calorie malnutrition

E44.1 Mild protein-calorie malnutrition

E45 Retarded development following proteincalorie malnutrition

E46 Unspecified protein-calorie malnutrition

E64.0 Sequelae of protein-calorie malnutrition

NO SPECIFIC DIAGNOSIS:

Z71.3 Dietary counseling and surveillance