WashingtonRegional

Internal Medicine Clinic
688 Millsap Rd, Suite 100
Fayetteville, AR 72703
479-463-3070

Outpatient Nutrition Counseling Referral Form

Patient name: ____ DOB: ________________

Home phone: ________________ Work phone: _________________ Cell: ___________________

Home Address: ____ SSN: ___________________

Insurance Type: _______________________________________ Policy #: ___________________

Physician Name: _______________________________ Physician's phone: ___________________

Physician's fax: ______________________ Diagnosis : ________________________________

Please place a check mark next to the ICD-10 Codes to be used for nutrition counseling.

Z71.3-Dietary Surveillance and Counseling____

E66.0-Obesity____ E66.3-Overweight____ R63.6-Underweight____ Z68.0-Body Mass Index____ Specify BMI: _____
R63.5-Abnormal Weight Gain____ R63.4-Abnormal Weight Loss____ F50.9-Eating Disorder____ E46-Malnutrition____
E78.5-Hyperlipidemia____ I50.9-Congestive Heart Failure____ N18.9-Chronic Kidney Disease____ Stage (please circle): 1 2 3 4
T78.1-Food Allergy____ K57.92-Diverticulitis____ K57.90-Diverticulosis____
Other Codes:

Comments: ____
____

Physician's signature: ____

Date: ____________ Time: ___________

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Please fax the patient's latest office visit note, labs, Rxs, and insurance information.
WRMC Outpatient Dietitian
Phone: 479-463-3072/479-463-3082
Fax: 479-463-3077