

## MEDICAL NUTRITION THERAPY REFERRAL

### Diabetes and Nutrition Department

### The Everett Clinic

Patient Name \_\_\_\_\_ MRN \_\_\_\_\_

Birth Date \_\_\_/\_\_\_/\_\_\_ Patient's phone number \_\_\_\_\_

Select option 1 or 2 and indicate diagnosis code.

#### 1. \_\_\_ **Medical Nutrition Therapy for non-Medicare:**

Covered diagnoses:

Pre-diabetes and diabetes	Gout
Celiac sprue and gluten intolerance	Hyperlipidemia
Congestive heart failure	Hypertension
Chronic kidney disease	Polycystic ovarian disease
GERD	

Diagnosis Code: \_\_\_\_\_

Patients will be asked to verify coverage with insurance and sign a waiver for agreement of payment at appointment.

#### 2. \_\_\_ **Medical Nutrition Therapy for Medicare:**

Covered diagnoses:

Diabetes  
Chronic kidney disease

Diagnosis Code: \_\_\_\_\_

#### 3. **Relevant Medical Information**

List pertinent medications and doses \_\_\_\_\_

List pertinent labs \_\_\_\_\_

Most recent HgA1C \_\_\_\_\_ on \_\_\_\_\_

Physician Printed Name \_\_\_\_\_ NPI \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**FAX COMPLETED FORM TO DIABETES EDUCATION: 425-257-1423**

**Call Diabetes and Nutrition Department with questions: 425-339-5431**