

# Nutrition Referral Form

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**Please ask patient to call our office to schedule an appointment (408) 370-7731**

**From:**

Referring Physician Stamp/Write In:

Physician's Signature: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Phone number(s): \_\_\_\_\_

**ICD 10 Diagnosis (please circle all that apply, write in additional below)**

- |   |  |  |
|---|--|--|
| Abnormal Wt Gain: R63.5                                   | Abnormal Wt Loss: R63.4                    | Anorexia Nervosa/Restricting: F50.01       |
| Anorexia Nervosa/Binge/Purge: F50.02                      | Amenorrhea: N91.2                          | Anorexia Nervosa/Unspecified: F50.00       |
| Avoidant/restrictive food intake disorder (ARFID): F50.82 |  | Binge Eating Disorder: F50.81              |
| Bulimia Nervosa: F50.2                                    | Celiac Disease: K90.0                      | Diabetes type 1 w/out complications: E10.9 |
| Diabetes type 2 w/ hyperglycemia: E11.65                  | Diabetes type 2 w/out complications: E11.9 | Eating Disorder NOS: F50.9                 |
| Failure to Thrive/Adult: R62.7                            | Failure to Thrive/Child: R62.51            | Food Allergies: K52.2                      |
| Gestational DM/diet controlled: O24.410                   | Hypercholesterolemia/Pure: E78.00          | Hyperlipidemia/Unspec: E78.5               |
| Hyperlipidemia/Other: E78.4                               | Hyperlipidemia/Mixed: E78.2                | Hypertriglyceridemia/Pure: E78.1           |
| Hypertension/Essential/Primary: I10                       | Hypertension w/out CHF: I11.9              | Impaired Fasting Glucose: R73.01           |
| Irritable Bowel Syndrome: K58.0                           | Malnutrition/mild: E44.1                   | Malnutrition/moderate: E44.0               |
| Obesity/NOS: E66.9  | Overweight: E66.3                          | Polycystic Ovarian Syndrome: E28.2         |

Diagnosis: \_\_\_\_\_ ICD 10: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD 10: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD 10: \_\_\_\_\_

**\*\*\* Please attach Labs, Growth and BMI Charts and any other information you wish us to have\*\*\***

***Bay Area Nutrition, LLC***

***“Optimizing Health Through Nutrition”***

• Phone: (408) 370-7731

• [www.BayAreaNutrition.com](http://www.BayAreaNutrition.com)

Locations: Campbell & Virtually

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